

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 25 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **516939**

1. Corporation Name

G. Lee, Inc.

2. Principal Office Address

3010 South St.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

Country

33916 USA

3. Mailing Office Address

P.O. Box 150001

Suite, Apt. #, etc.

City & State

Capel Coral, FL

Zip

Country

33915 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/1990

5. FEI Number

650233960

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John P. Lovelace

900003783049

Street Address (P.O. Box Number is Not Acceptable)

12950 Treeline Ct.

Suite, Apt. #, Etc.

City

N. Ft. Myers

State

FL

Zip Code

33903

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/10/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S.	Glenda L. Lovelace	12950 Treeline Ct.	N. Ft. Myers, FL 33903
P.	John P. Lovelace	12950 Treeline Ct.	N. Ft. Myers, FL 33903

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (941) 337-7709
Date Daytime Phone #

CR20081 (9/00)