

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20742

1. Corporation Name

HOWAL OF LEE COUNTY CORPORATION

Principal Place of Business

~~C/O CHESTER ORZEL~~
5306 COLONADE CT
CAPE CORAL FL 33904
US

Mailing Address

~~C/O CHESTER ORZEL~~
5306 COLONADE CT
CAPE CORAL FL 33904
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

~~Sun Holiday Homes Inc~~
Rolf Pobsch

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1990

5. FEI Number

65-0270959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RECKMANN, H.W.	5306 COLONADE CT	CAPE CORAL FL 33904

600008769996
11/04/02--01010--012 **150.00

8. Name and Address of Current Registered Agent

ORZEL, CHESTER
5306 COLONADE CT
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

Rolf Pobsch

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

2631 SW 48th Terr

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Rolf Pobsch
REGISTERED AGENT MUST SIGN

Date 10-24-02

11. 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 REQUIRED
HORSBURN RECKMANN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

HOWAL OF LEE COUNTY CORPORATION
C/O Sun Holiday Homes, Inc.
2631 SW 48th Terrace
Cape Coral, FL 33914

October 29, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

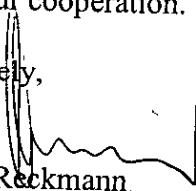
Re: Howal of Lee County Corporation
2002 Annual Report

Gentlemen:

In reference to the enclosed application for re-instatement, we hereby request waiver of the late filing fee. The mailing address on the application is that of the president of the company who resides in Germany and never received original applications during 2002. We have changed the mailing address to that of the property manager to assure timely filing in the future.

Enclosed is our check for \$150.00 along with the reinstatement application. Thank you for your cooperation.

Sincerely,


Horst Reckmann
President

Enc.