

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 14 PM 2:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 395846

1. Corporation Name

Marco Naples Hitching Post Travel Resort, Inc.

2. Principal Office Address - No P.O. Box #
100 Barefoot Williams Road

3. Mailing Office Address
100 Barefoot Williams Road

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34113

Country
Collier

Zip
34113

Country
Collier

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 02/15/1972

5. FEI Number
59-1550843

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
Linda Morris

Street Address (P.O. Box Number is Not Acceptable)
3209 Carriage Circle

Suite, Apt. #, Etc.

City
Naples

State Zip Code
FL 34105

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1-12-9

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
Pres	Linda Morris	3209 Carriage Circle	Naples, FL 34105
Sec	Edith Ellenberger	197 Palmetto Dunes Circle	Naples, FL 34113

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03-09

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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 contained in Chapter 119, 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:

Linda Morris

1-12-9

Date

239-250-5149

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR