

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 730792

1. Corporation Name

COLLIER PREGNANCY CENTERS, INC.

Principal Place of Business

970 FIFTH AVE N  
 NAPLES FL 34102  
 US

Mailing Address

970 FIFTH AVE N  
 NAPLES FL 34102  
 US



REINSTATEMENT 03

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/26/1974

5. FEI Number

51-0204833

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
<del>DST</del> D	BUCALO, PATRICIA	<del>985 TARPON COVE DR #202</del> 970 5 <sup>TH</sup> AVENUE N.	<del>NAPLES FL 34110</del> NAPLES FL 34102
<del>DP</del> DC	BARONE, LUCIA	<del>3011 70TH AVE S</del> 970 5 <sup>TH</sup> AVENUE N.	NAPLES FL 34102
<del>DV</del> DVC	CONN, DAVID	<del>127 MURFIELD CIRCLE</del> 970 5 <sup>TH</sup> AVENUE N.	<del>NAPLES FL 34112</del> NAPLES FL 34102
D	MURPHY, MAUREEN	<del>3940 GORDON DR</del> 970 5 <sup>TH</sup> AVENUE N.	NAPLES FL 34102
DT	<del>HARRIS, TOM</del> MICHAEL RYON	<del>3980 GORDON DR</del> 970 5 <sup>TH</sup> AVENUE N.	<del>NAPLES FL 34110</del> NAPLES FL 34102
DS	TIMMIS, MICHAEL	<del>2950 FT CHARLES DRIVE</del> 970 5 <sup>TH</sup> AVENUE N.	<del>NAPLES FL 34102</del> NAPLES FL 34102

8. Name and Address of Current Registered Agent

~~DP~~ BETH CHASE 970 5<sup>TH</sup> AVENUE N.  
~~BECKNER, RENEE S~~ NAPLES FL 34102  
~~970 5TH AVENUE N.~~  
~~NAPLES FL 34102~~

9. Name and Address of New Registered Agent

Name: BETH CHASE  
 Street Address (P.O. Box Number is Not Acceptable): 970 5<sup>TH</sup> AVENUE N.  
 Suite, Apt. #, Etc.: 500023488605  
 City: NAPLES State: FL Zip Code: 34102  
 10/21/03--01147--025 \*\*236.25

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

*Beth Chase*

Date 10-11-03

REGISTERED AGENT MUST SIGN

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:

*Patricia Bucalo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 PATRICIA BUCALO, DIRECTOR

Date

10/11/03

Daytime Phone #

(239) 262-6381

CREED40 (7/03)