PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400002012134--5
-11/22/96--01027--001
[redacted]

DOCUMENT # **N94000002815**

1. Corporation Name

FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10681 REGENT CIRCLE NAPLES FL 33942	PO BOX 420207 NAPLES FL 33942 US

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

REINSTATEMENT OK

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2124 La Paz Court	2124 La Paz Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, FL
Zip: 34109 Country: USA	Zip: 34109 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/1994

5. FEI Number: 65-0576901 (APPLIED FOR) ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RYAN, GEORGE SR.	10681 REGENT CIRCLE 5555 Heron Point Rd.	NAPLES FL 33942
D	RYAN, GEORGE JR.	~~10681 REGENT CIRCLE~~ 263 N. Lake Dr.	NAPLES FL 33942
~~D~~	~~PARADIS, JAMES F~~	~~10681 REGENT CIRCLE~~	~~NAPLES FL 33942~~
D	ANDREW TENNENT SR.	24 HERITAGE WAY	NAPLES FL. 34110
V.P.	JAMES F. PARADIS	2124 LA PAZ COURT	NAPLES, FL. 34109
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8. Name and Address of Current Registered Agent

LOCKER, JOSEPH R JR.
2150 GOODLETTE RD.
6TH FLOOR
NAPLES FL 33940

9. Name and Address of New Registered Agent $61.25

Name: JOHN R. PALLICH
Street Address (P.O. Box Number is Not Acceptable): 2150 GOODLETTE RD.
Suite, Apt. #, Etc.: 6TH FLOOR.
City: NAPLES State: FL Zip Code: 34102

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.

Signature of Registered Agent: [signature] REQUIRED — REGISTERED AGENT MUST SIGN
Date: 10-28-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 REQUIRED James F. Paradis 10/28/96 (941) 566 3915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)