

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -4 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

427324

1. Corporation Name

Kaufmann & Associates, Inc.

2. Principal Office Address

5850 16 AVE, NW

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

U.S.A.

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6-4-1973

5. FEI Number

59-161-3108

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

Frederick G. Kaufmann

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

5850 16 AVE, N.W.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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 X

REGISTERED AGENT MUST SIGN

Date

3/29/02

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
President	Frederick G. KAUFMANN	5850 16 AVE, N.W.	NAPLES, FL 34119

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:

Frederick G. KAUFMANN

Date

3/29/02

Daytime Phone #

(239) 593-5037