

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 OCT 31 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703183**

1. Corporation Name

NAPLES CHURCH OF CHRIST, INC. NAPLES, FLORIDA

Principal Place of Business

1450 MANDARIN ROAD
NAPLES FL ~~34102~~

Mailing Address

1450 MANDARIN ROAD
NAPLES FL ~~34102~~

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

2. New Principal Office Address, If Applicable
1450 Mandarin Road

Suite, Apt. #, etc.

City & State
Naples, FL. 34102

Zip Country
34102

3. New Mailing Office Address, If Applicable
1450 Mandarin Road

Suite, Apt. #, etc.

City & State
Naples, FL. 34102

Zip Country
34102



REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

11/14/1961

5. FEI Number

59-3446991

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
VDT PD	HAYNES, CLAUDE A.	4000 WEST BEVD 7132 Timberland Circle #101	NAPLES FL 34102 Naples, FL. 34109
VDS	MURPHY, CHARLIE Averitt, Bob	5007 LINWOOD AVE 4799 Martinique Way	NAPLES FL 34102 Naples, FL. 34119
VDT	BERRY, BOB Ray, Vernon	777 GOLFONORE DRIVE 1219 Chelmsford Ct	NAPLES FL 34102 Naples, FL 34104
VDT	ADAMS, MICHAEL	700 CLARENDON CT	NAPLES FL 34102
VDT	BROWN, CHRISTINE	2444 4TH ST SW	NAPLES FL 34102

700008734097
10/31/02--01113--007 **245.00

8. Name and Address of Current Registered Agent

~~HAYNES, CLAUDE A.~~
~~4000 WEST BEVD~~
~~NAPLES FL 34109~~

9. Name and Address of New Registered Agent

Name
Haynes, Claude A.
Street Address (P.O. Box Number is Not Acceptable)
7132 Timberland Circle
Suite, Apt. #, Etc.
#101
City
Naples
State
FL
Zip Code
34109

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.

Claude A. Haynes

Signature of Registered Agent

Claude A. Haynes
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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.

Claude A. Haynes

SIGNATURE:

Claude A. Haynes
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

239-774-8051

Daytime Phone #

CR2040 (8/02)