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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 1602

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

FILED
02 APR 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704019

1. Corporation Name

NAPLES ASSOCIATION No. 4357, INC.

W02-7037

2. Principal Office Address	3. Mailing Office Address
6120 GOLDEN GATE PKWY	781 14TH ST. SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34116 Country: USA	Zip: 34117 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/MAY/1962

5. FEI Number: 59-1384435 ☐ 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: RALPH J BALZARANO

500005326575--2
-04/23/02--01058--026
****315.00 ****315.00

Street Address (P.O. Box Number is Not Acceptable): 781 14TH ST. SE

Suite, Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34117

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: Ralph J Bal Date: 3/8/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	DIRECTOR RALPH J BALZARANO	781 14TH ST. SE	NAPLES FL 34117
D	DIRECTOR WESLEY BATES	10862 SEA CORAL CT.	BONITA SPRINGS FL 34135
D	DIRECTOR JOHN WEBER	165 ST. JAMES WAY	NAPLES FL 34104
T	TREASURER DAVID PETERSON	240 12TH ST. NE	NAPLES FL 34120

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: Ralph J Bal RALPH J BALZARANO 3/8/02 941 455 1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

St. Elizabeth Ann Seton Council 4357
PO Box 990254 Naples FL 34116

SK Ralph Balzarano GK (941) 455+1231

Dept. of State
Division of Corporations

We have just become aware that the annual corporation fee was last paid in January of 1997. Our financial officer at that time resigned due to medical problems. Apparently the notice for 1998 was sent to him, since he was the officer of record. We are requesting a waiver of the reinstatement fee since we never received the notification from our former financial officer or your Dept.

Thank you for your consideration in this matter.

Ralph J Balzarano
President, Naples Association no. 4537, Inc.