PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 OCT 15 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704554

1. Corporation Name

COLLIER COUNTY HISTORICAL SOCIETY INC.

Principal Place of Business	Mailing Address
137 12TH AVE. SOUTH NAPLES FL 34102	PO BOX 201 NAPLES FL 34106

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

REINSTATEMENT 2001

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 34106 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/1962

5. FEI Number: 59-6166907 ☐ 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
PD	MICHAEL J VOLPE	711 5TH AVE S	NAPLES FL 34102
	[illegible]	[illegible]	NAPLES FL 34102
TD	WALTHER, RON	3777 TAMIAMI TRAIL N., #200	NAPLES FL 34103
SD	PEARL PILLON	936 BELLEVILLE BLVD	NAPLES FL 34104
D	JACQUELINE FRANK	143 4TH AVE N	NAPLES FL 34102 LS
D	EDAVID ELDRIDGE	1839 IMMOKALEE Cass BLVD	NAPLES FL ~~34102~~ 3440

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCDONALD, STANLEY A ATTY 2430 SHADOWLAWN DRIVE #12 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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: STANLEY MCDONALD REQUIRED — REGISTERED AGENT MUST SIGN
Date: OCT 11 2001

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.

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SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/12/01
Daytime Phone #