

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2023 JUL 18 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # 711748

1. Corporation Name

NAPLES LIONS CLUB, INC.

2. Principal Office Address - No P.O. Box #

615 96th Avenue North

3. Mailing Office Address

PO Box 110474

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34108-0108

Country

USA

Zip

34108-0108

Country

USA

400412424824  
07/18/23--01022--002 \*\*3298.75

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

November 03, 1966

5. FEI Number

68-0662146

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 George Basler

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

615 96th Ave N

Suite, Apt. #, Etc.

City Naples

State FL

Zip Code

34108-0108

REINSTATEMENT

1973-2023

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

*George Basler*

REGISTERED AGENT MUST SIGN

Date 7/7/2023

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

[Continued on Page 2]

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	George Basler	615 96th Avenue North	Naples, FL 34108
D	James LaFontaine	3819 Treasure Cove Circle	Naples, FL 34114
D	Kathy Heldman	6010 Westborough Drive	Naples, FL 34112
P	John Maguire	240 Cypress Way West	Naples, FL 34110
V	Leslie Cheek	6015 Chardonnay Lane #301	Naples, FL 34108
S	Alecia Sue Craft	2772 Orange Grove Trail	Naples, FL 34120

10. E-mail Address: whaler240@gmail.com

(To be used for future annual report notification)

JUL 14 2023

M WILLIAMS

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*John Maguire*

John Maguire

7-11-2023

239-289-9678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pg 2 of 2


**Document #:** 711748  
**Corporation Name:** NAPLES LIONS CLUB, INC.

**Continued from SECTION 9, CORPORATION REINSTATEMENT (Form CR2E081)**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) ( <b>CONTINUED</b> )			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	Austin Raabe, PhD	292 Saddlebrook Lane	Naples, FL 34110

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Maguire

7-11-25  
Date

239-289-9678  
Daytime Phone #