

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 11:07

DOCUMENT # 715780

1. Corporation Name

NAPLES WEST WINDS, INC.

Principal Place of Business

Mailing Address

777 GULF SHORE BLVD. N.
NAPLES FL 34102

777 GULF SHORE BLVD. N.
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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1311799

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WADSWORTH, JOHN S JR	777 GULF SHORE BLVD N	NAPLES, FL 00000
PD	WADSWORTH, JOHN S	84 SHAW LANE	FT THOMAS, KY 00000
TD	RATLIFF, EUGENE F	8412 SWANS WAY	INDIANAPOLIS, IND 00000
DVP	GEIER, PHILIP O JR	6000 REDBIRD HOLLOW LANE	CINNCINNATI, OHIO 00000
AST	BERRY, BRENDA L.	777 GULF SHORE BLVD., N.	NAPLES FL
			700004659777 2 -10/30/01--01088-000 *****61.25 *****

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RATLIFF, EUGENE F.
777 GULF SHORE BLVD.
NAPLES FL 33940

Name

BRENDA BERRY

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

777 GULF SHORE BLVD. N.

Suite, Apt. #, Etc.

NAPLES FL.

City

State

FL

Zip Code

34102

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

Brenda L. Berry
REGISTERED AGENT MUST SIGN

Date 10-16-01

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.

SIGNATURE:

Brenda L. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01

Date

941-262-1578

Daytime Phone #

CR2E040 (8/01)

TO WHOM IT MAY CONCERN:

I did not receive a notice
this year to pay our corporation
fees. This corporation does
not want to be dissolved.

Brenda Berry
941-262-1578