

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 727526

1. Entity Name
NAPLES SOUTHERN PLAZA, INC.



FILED

09 APR 20 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3400 TAMiami TR. N.
NAPLES, FL 34103 US**

Mailing Address
**3400 TAMiami TR. N.
202
NAPLES, FL 34103 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3400 Tamiami Trl. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34103

04152009 REINSTATEMENT 08-09

4. FEI Number
59-1535059

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARROW, MICHAEL J.
3400 NORTH TAMiami TRAIL
NAPLES, FL 34103**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

300151489813

04/21/09--01029--006 **122.50

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DARROW, MICHAEL J. ☐ Delete
STREET ADDRESS 3400 N. TAMiami TR.
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME RUBIN, ARTHUR ☒ Delete
STREET ADDRESS 3400 NINTH ST N STE 202
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☒ Change ☐ Addition
NAME DT
STREET ADDRESS Kevin P. Coffey
CITY-ST-ZIP 3400 9th Street N. # 302
NAPLES, FL 34103

TITLE DS
NAME GRAY, THOMAS ☐ Delete
STREET ADDRESS 3400 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Ben King, Director
STREET ADDRESS 3400 9th Street N. # 601
CITY-ST-ZIP Naples FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin P. Coffey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/09