

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766008

1. Corporation Name

COLLIER COUNTY YOUNG REPUBLICANS ORGANIZATION,
INC.

Principal Place of Business

Mailing Address

PO BOX 8802
NAPLES FL 33941
US

P.O. BOX 8802
NAPLES FL 33941
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

34101

Country

Zip

34101

Country

REINSTATEMENT 96

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1982

5. FEI Number

58-2414758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	KRAUS, CHERYL	1100 5TH AVENUE S, SUITE 201	NAPLES FL 34102
T	HOLLOMAN, MARLYN ANDY HILL	100 PINEHURST CIR 350 5th Ave. S., # 210	NAPLES FL 34102
PP	HOLLOMAN, HARRY	100 PINEHURST CIRCLE	NAPLES FL 34113
B/D	BARTON, BERNIE	605 PALM CIRCLE E 2958 Poplar St	NAPLES FL 34112
PS	KATZ, TODD FARUQUE JONES III	1470 80TH AVENUE N 1379 Royal Palm Dr	NAPLES FL 34103
VP, D	LEPORE, SCOTT DANIEL SIKORSKI	6750 BUCKINGHAM WAY 813 Riverside Lane	NAPLES FL 34108

8. Name and Address of Current Registered Agent

KRAUSE, CHERYL R.
1100 FIFTH AVE S, SUITE 201
NAPLES FL 33941

9. Name and Address of New Registered Agent

Name: JB11-10-96
Street Address (P.O. Box Number is Not Acceptable): 188002000731--5
Suite, Apt. #, Etc.: -11/08/96--01089--005
City: FL 34102
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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 9/24/96
100002000731--5
-11/08/96--01089--005
**** 61-25 **** 61-25
on intangible tax.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHERYL R. KRAUS, PRES.

Date: 9/24/96
941-261-7716
Daytime Phone #