

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -2 PM 2:37

DOCUMENT # **F53468**

1. Corporation Name

INNGROUP, INC.

Principal Place of Business

Mailing Address

**5551 LUCKETT ROAD
FORT MYERS, FL
33905-5509 USA**

**1838 40TH TERRACE SW
NAPLES FL 34116**

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

11-13-1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2147396

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	LEE C. GREENOUGH	2096 50TH TERRACE SW	NAPLES FL 34116
S	WILLIAM D. KRAMER	3671 1ST AVENUE SW	NAPLES FL 34117

000004217388-7
-05/15/01 --01082--003
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

**KRAMER, WILLIAM D
1838 40TH TERRACE SW
NAPLES FL 34116**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William D. Kramer

Date **APR 30 2001**

REGISTERED AGENT MUST SIGN

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:

William D. Kramer
WILLIAM D. KRAMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 2001

Date

Daytime Phone #

941-348-0272

CR2E040 (8/00)