

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 AUG 14 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006059**

1. Corporation Name

NEIGHBORHOOD AMERICA, INC.

2. Principal Office Address

1951 J+C BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34109

Country

USA

3. Mailing Office Address

1951 J+C BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34109

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/99

5. FEI Number

65-0864012

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

KIM P. KOBZA

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

1951 J+C BLVD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

REGISTERED AGENT MUST SIGN

Date

8.9.2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	KIM KOBZA	393 Flamingo Ave.	NAPLES, FL 34109
V/S/D	DAVID BANKSTON	9664 Wilshire Lakes Blvd	Naples, FL 34109
T	GERALD BRACHLE	4492 Mercantile Ave.	Naples, FL 34104
D	SCOTT LUTHERT	4200 Gulfshore Blvd N.	Naples, FL 34103
D	ROBERT CLAUSSEN	6025 Carlton Lakes Blvd	Naples, FL 34110
D	RICHARD ARMALANGS	1045 Trade Center Way	Naples FL 34109

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)