


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">H00109</span> 1. Corporation Name <span style="font-size: 1.2em;">Naples Investment Company</span>			
Principal Place of Business <span style="font-size: 1.2em;">2630 Grey Oaks Dr. No. 16 Naples FL 34105</span>		Mailing Address <span style="font-size: 1.2em;">620 Jacana Circle Naples, FL 34105</span>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <span style="font-size: 1.2em;">2630 Grey Oaks Dr. Suite, Apt. #, etc. No. 16 City &amp; State Naples, FL 34105 Zip 34105 Country U.S.</span>		3. New Mailing Office Address, If Applicable <span style="font-size: 1.2em;">620 Jacana Circle Suite, Apt. #, etc. City &amp; State Naples, FL Zip 34105 Country U.S.</span>	
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number <span style="font-size: 1.2em;">59-2415469</span> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D.P.	BRUCE CONLEY	625 2nd St. So.	Naples, FL 34102
D.S.T.	JOHN H. KRUECKEBERG	620 Jacana Cir.	Naples, FL 34105
V.P.	JACK STATON	6101 Pelican Bay Blvd	Naples, FL 34108
			600002900976--2 -06/10/99--01077--013 ****908.75 ****918.75
<b>REINSTATEMENT</b> <span style="font-size: 1.2em;">9899 TB.</span>			
8. Name and Address of Current Registered Agent <span style="font-size: 1.2em;">JOHN H. KRUECKEBERG 620 JACANA CIRCLE Naples, FL 34105</span>		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> 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 <span style="font-size: 1.2em;">John H. Krueckeburg</span> REGISTERED AGENT MUST SIGN Date <span style="font-size: 1.2em;">6/1/99</span>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)			
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: <span style="font-size: 1.2em;">John H. Krueckeburg</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <span style="font-size: 1.2em;">6/1/99</span> <span style="font-size: 1.2em;">991-263-4044</span> <small>Daytime Phone #</small>	

CR20040 (12/95)