

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 APR 30 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J05932**

1. Corporation Name
KAYE RESEARCH, INC. OF COLLIER COUNTY

Principal Place of Business Mailing Address
~~1100 5TH AVENUE SOUTH SUITE 401~~ ~~1100 5TH AVENUE SOUTH SUITE 401~~
~~NAPLES FL 33940-0416~~ ~~NAPLES FL 33940-3416~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
4863 Golden Gate Parkway

3. New Mailing Office Address, if Applicable
4863 Golden Gate Parkway

4. Date Incorporated or Qualified To Do Business in Florida
03/25/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-2685082** Applied For Not Applicable

City & State
Naples, FL

City & State
Naples, FL

Zip ~~33940~~ **34114** Country **USA**

Zip ~~33940~~ **34114** Country **USA**

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	2	3	4
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
POD	KAYE, STUART O.	1100 FIFTH AVENUE SOUTH	NAPLES FL
PO	KAYE, PERRY	1100 FIFTH AVENUE SOUTH	NAPLES FL
DPTS	Kaye, Stuart O.	4863 Golden Gate Parkway	Naples, FL 33940 34116

REINSTATEMENT 95-97
9. Alan
4/30/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAYE, STUART O.
~~1100 5TH AVENUE S.~~
1125 GLAN COURT
~~NAPLES FL 33940~~

Name
Street Address (P.O. Box Number is Not Acceptable)
4863 Golden Gate Parkway
Suite, Apt. #, Etc.
City
Naples State **FL** Zip Code **34116**

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]* **Stuart O. Kaye** Date **01/17/96**
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* **Stuart O. Kaye** 01/17/96 (941) 455-4110

CR2E040 (6/95)