

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 22 AM 11:18

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10432

1. Corporation Name

NAPLES PROGRESSIVE GYMNASTICS CENTER, INC.

900162039879
10/22/09--01042--010 **300.00

2. Principal Office Address - No P.O. Box #

4121 PINE RIDGE RD.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

COLLIER

3. Mailing Office Address

4121 PINE RIDGE RD.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

COLLIER

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/21/1986

5. FEI Number
59-2666508

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

CAROLE H. SMITH

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

4121 PINE RIDGE RD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**

Carole H. Smith

Date

10/20/09

REGISTERED AGENT MUST SIGN

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
PVP	CAROLE H. SMITH	4121 PINE RIDGE RD.	NAPLES, FL 34119

PB 10/26/09

STATEMENT OF WORK

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 contained in Chapter 119, 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:

Carole H. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/09

Date

2393542539

Daytime Phone #