

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 13 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J74529

1. Corporation Name

WPI NAPLES, INC.

Principal Place of Business

1221 CONNECTICUT AVE. NW  
#400  
WASHINGTON DC 20036

Mailing Address

1221 CONNECTICUT AVE. NW  
#400  
WASHINGTON DC 20036

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

2. New Principal Office Address, If Applicable

6500 ROCK SPRING DRIVE  
Suite, Apt. #, etc.  
600

City & State  
BETHESDA, MD

Zip 20817 Country

3. New Mailing Office Address, If Applicable

6500 ROCK SPRING DRIVE  
Suite, Apt. #, etc.  
600

City & State  
BETHESDA, MD

Zip 20817 Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1987

5. FEI Number

59-2823021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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
P	CAMALIER, F. DAVIS	1221 CONNECTICUT AVE. NW 6500 ROCK SPRING DRIVE, SUITE 600	WASHINGTON DC 20036 BETHESDA, MD 20817
VP	CAMALIER, CHARLES A III	1221 CONNECTICUT AVE. NW 6500 ROCK SPRING DRIVE, SUITE 600	WASHINGTON DC 20036 BETHESDA, MD 20817
S	GLASGOW, NORMAN M GLASGOW, NORMAN M	1221 CONNECTICUT AVE. NW 6500 ROCK SPRING DRIVE, SUITE 600	WASHINGTON DC 20036 BETHESDA, MD 20817
			500002033295--8 12/19/95-01015-009 ****375.00 ****375.00
			JB12-16-96

8. Name and Address of Current Registered Agent

THOMPSON, STEPHEN R  
C/O BUDD, THOMPSON & ZUCCARO  
3033 RIVIERA DR., STE. 201  
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name  
THOMPSON, STEPHEN R.  
Street Address (P.O. Box Number is Not Acceptable)  
3479 19th AVE, SW  
Suite, Apt. #, Etc.  
City  
NAPLES  
State  
FL  
Zip Code  
34117

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]*

Date

REGISTERED AGENT MUST SIGN

11. 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.)

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/96  
Date

202-466-4000  
Daytime Phone #