

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1998 FEB 24 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DOCUMENT # **K09534**
1. Corporation Name
CARRIAGE COURT OF NAPLES, INC.
Mailing Address **W98-3057**

Principal Place of Business
**POST OFFICE BOX 2831
NAPLES, FLORIDA**

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
P.O. Box 2831
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0028631
Applied For
Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Charles S. Eytel, M.D.	741 Belair Court	Naples, Florida
S	Mary Ann Eytel	741 Belair Court	Naples, Florida
			080002440950 -02/25/98--01097--005 ***1200.00 ***1200.00

REINSTATEMENT 95-98
1/24/98

8. Name and Address of Current Registered Agent
**Stephen Robert Thompson
Suite 303
1010 Fifth Avenue South
Naples, Florida**

9. Name and Address of New Registered Agent
Name
Charles S. Eytel, M.D.
Street Address (P.O. Box Number Is Not Acceptable)
741 Belair Court
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34103

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
REGISTERED AGENT MUST SIGN
Date **31 Jan 98**

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)(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
C.S. EYTEL, M.D.
PRESIDENT
Date **31 Jan 98**
Daytime Phone # **941-649-3311**

CR2040 (12/96)