

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K 32986**

**1. Corporation Name**

Central Park of Naples, Inc.

**2. Principal Office Address**

1101 Fifth Avenue South

**3. Mailing Office Address**

1101 Fifth Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34102

Country

Collier

Zip

34102

Country

Collier

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

12/02/91

**5. FEI Number**

65-0303803

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

Robert E. Weissenborn, Sr.

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

1101 Fifth Avenue South

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

**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

*Robert E. Weissenborn Sr.*

REGISTERED AGENT MUST SIGN

Date

*May 13, 2005*

**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
DV	Irene Weissenborn	1101 Fifth Avenue South	Naples, FL 34102
DV	Robert E. Weissenborn, Sr.	1101 Fifth Avenue South	Naples, FL 34102
DP	Janet Blumert	1101 Fifth Avenue South	Naples, FL 34102

**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 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:**

*Robert E. Weissenborn Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Weissenborn, Sr.

Date

*May 13, 2005*

Daytime Phone #

239/262-1771

**FILED**

05 MAY 17 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900055376769  
05/26/05--01052--026 \*\*8.75

900055376769  
05/26/05--01052--025 \*\*750.00

CR2E081 (01/05)

**Central Park of Naples, Inc.** DOCUMENT # K 32986

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1101 5th Avenue South ~ Naples, Florida 34102  
Phone (239)262-4554 ~ Fax (239)262-6969

May 13, 2005

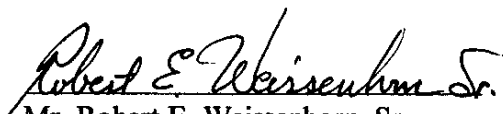
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Corporation Reinstatement

Gentlemen,

I am requesting a wavier of the full reinstatement fee for Central Park of Naples, Inc. as I did not receive notices. As per your department's policy, I have inclosed with my application for Corporation Reinstatement a check in the amount of \$ 750. If necessary I can be reached at the following number (239)262-4554. Thank you very much.  
Also our check for \$8.75 for a new certificate of Status.

Sincerely,

  
Mr. Robert E. Weissenborn, Sr.  
President