

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L11756**

1. Corporation Name

Mike Naples Builders Inc.

2. Principal Office Address

3625 3rd Ave NW

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34120

Country

Collier

3. Mailing Office Address

3625 3rd Ave NW

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34120

Country

Collier

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

8/22/89

5. FEI Number

65-0137464

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

MIKE NAPLES

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

3625 3RD AVENUE NW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34120

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

Mike Naples

Date **9/18/00**

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
P	MIKE NAPLES	3625 3RD AVE NW	NAPLES / FL / 34120
S	ANNA NAPLES	3625 3RD AVE NW	NAPLES / FL / 34120

REINSTATEMENT

90-00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Naples

Date

9/18/00

Daytime Phone #