

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # L74211

1. Corporation Name

SPECIAL AFFAIRS OF NAPLES, INC.

Principal Place of Business

5435 SHIRLEY ST.
 NAPLES FL 33942

Mailing Address

5435C SHIRLEY ST
 NAPLES FL 33942
 US



FILED
 99 FEB 10 PM 4:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/16/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0198205	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
①	LAWRENCE, ALESE	561 20TH STREET NE	NAPLES FL
			400002776574--8 -02/16/99--01024--007 ****300.00 ****900.00
			98-99 2/10/99
			REINSTATEMENT
980			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LAWRENCE, ALESE 1017 RIDGE ST. NAPLES FL 33940		Name LAWRENCE ALESE Street Address (P.O. Box Number is Not Acceptable) 6357 14th AVE SW Suite, Apt. #, Etc. Naples Fl. City Naples FL State FL Zip Code 34116	

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: Alese K Lawrence Date: 2-9-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Alese K Lawrence Date: 2-9-99 Daytime Phone #: 941-557-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)