

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 28 PM 12:40

DOCUMENT # ~~L~~ 74211

1. Corporation Name

SPECIAL AFFAIRS OF Naples INC.

2. Principal Office Address

4373 MERCANTILE AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

5357 14th AVE. S.W.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

U.S.

Zip

34116

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/94

5. FEI Number

65-0198205

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

ALESE K. LAWRENCE

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

5357 14th AVE. S.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

Alese K. Lawrence

REGISTERED AGENT MUST SIGN

Date 3-21-2

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/T/S	ALESE K. LAWRENCE	5357 14th AVE. S.W.	Naples FL 34116
V/D/E/M	DAVID L. LAWRENCE	5357 14th AVE. S.W.	Naples FL 34116

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:

Alese Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2

Date

Daytime Phone #

CR2E081 (9/01)

To whom it may concern  
We have moved in  
the past and due to  
change of address we did  
not receive notice of reinstatement

Sincerely  
Allen & Laurence