10000259787 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 12 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # L79503

1. Corporation Name
CBG of Naples, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
600 5th Avenue South	
Suite, Apt. #, etc. 207	Suite, Apt. #, etc.
City & State Naples, Fl	City & State
Zip 34102 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/12/90

5. FEI Number 65-0216880 Applied F / Not Appli

6. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee

7. Name and Address of Current Registered Agent

Name: John N. Brugger

Street Address (P.O. Box Number is Not Acceptable): 600 5th Avenue South

Suite, Apt. #, Etc.: Suite 207

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: _____ Date: 3-12-01
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
DT	Marcia R. Kalb	600 5th Avenue South, Ste 207 Naples, FL 34102	Naples, FL 34102
DP	Stuart M. Wallace	600 5th Avenue South, Ste 207	Naples, FL 34102
S	John N. Brugger	600 5th Avenue South, Ste 207	Naples, FL 34102
			AD

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provides for in chapter 607 or 617, F.S. I further certify that when 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 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 in on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ John N. Brugger 3/9/01 941-263-66
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System
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Account Number : I20000000257
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CORPORATION REINSTATEMENT

CBG OF NAPLES, INC.

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