

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79575

1. Corporation Name
The Trophy Case Of Naples, Inc.

2. Principal Office Address
600 Goodlette Road North

Suite, Apt. #, etc.
#105

City & State
Naples, FL

Zip Country
34102 USA

3. Mailing Office Address
600 Goodlette Road North

Suite, Apt. #, etc.
#105

City & State
Naples, FL

Zip Country
34102 USA

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/05/98

5. FEI Number
65-0053279

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
Susan Wilson

Street Address (P.O. Box Number is Not Acceptable)
5120 Lochwood Court

Suite, Apt. #, Etc.

City
Naples

State Zip Code
FL 34112

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

Susan Wilson
REGISTERED AGENT MUST SIGN

Date *5-5-05*

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 D	Susan Wilson	5120 Lochwood Court	Naples, FL 34112

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: *Susan Wilson* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-05 239-262-6702
Date Daytime Phone #

CR2E081 (01/05)