

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 DEC 17 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83657**

1. Corporation Name

ANNA-LINA, INC.

Principal Place of Business

% J. THOMAS CONROY, III
3001 NORTH TAMiami TRAIL
NAPLES FL 33940

Mailing Address

MORRISON & CONROY
975 SIXTH AVENUE SOUTH
NAPLES FL 33940
US

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

2. New Principal Office Address, If Applicable
2096 Tamiami Trail East

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip
34112

Country
USA

3. New Mailing Office Address, If Applicable
2096 Tamiami Trail East

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip
34112

Country
USA



REINSTATEMENT

JB

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1988

5. FEI Number

01-3399748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
PD	MARRONE, ANNA MARIA	2096 TAMiami TR. E.	NAPLES FL
VST	MARRONE, PHILIP	2096 TAMiami TR. E.	NAPLES FL
D	MARRONE, PHILIP	2096 TAMiami TR. E.	NAPLES FL

000002719610--4
12/22/98 01005-011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CONROY, J T III
MORRISON & CONROY
975 SIXTH AVENUE SOUTH
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

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

3838 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 402

City

Naples

State

FL

Zip Code

34103

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

[Signature]

Date

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:

[Signature] **PHILIP D. MARRONE** **12/15/98** **941-774-6060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2040 (9/88)