PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -5 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000705

1. Corporation Name

NAPLES CHILDREN AND EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
8889 PELICAN BAY BLVD. SUITE 304 NAPLES FL 34108	8889 PELICAN BAY BLVD. SUITE 304 NAPLES FL 34108

REINSTATEMENT 200(

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
5811 Pelican Bay Blvd.	5811 Pelican Bay Blvd
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Naples, FL	City & State: Naples, FL
Zip: 34108 Country: Collier	Zip: 34108 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida: 02/02/2000

5. FEI Number: 65-1001650 ☐ 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	4 City / State / Zip
Exec Director	D Pamela Neshaim	10514 Egrets Walk Cir. #102	Naples, FL 34108
Chairman	D Brian Cobb	8473 Bay Colony Drive #202	Naples, FL 34108
Vice Chairman	D Shirlene Elkins	7583 Bay Colony Drive	Naples, fl 34108
			100004701031--8 -11/30/01--01076--023 ****245.50 PL ****245.50
			100004701031--8 -11/30/01--01076--023 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

MALONE, JAMES R
8889 PELICAN BAY BLVD.
SUITE 304
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name: Pamela A. Neshaim
Street Address (P.O. Box Number is Not Acceptable): 5811 Pelican Bay Blvd.
Suite, Apt. #, Etc.: Suite 210
City: Naples State: FL Zip Code: 34108

CR2E040 (8/01)

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: 11/2/1
REGISTERED AGENT MUST SIGN

11. 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] 11/2/1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #