

FILED
Mar 11, 2002 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COME

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001099

1. Corporation Name

MILAN NEIGHBORHOOD ASSOCIATION, INC.

2. Principal Office Address

15449 Milan Way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip

34110

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2000

5. FEI Number

65-0995506

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

C. Perry Peeples, Esq.

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

5551 Ridgewood Drive

Suite, Apt. #, Etc.

Suite 101

City

Naples

State
FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date 3/7/02

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
DP	Jon Rubinton	15449 Milan Way	Naples, FL 34110
DST	George Rubinton	15449 Milan Way	Naples, FL 34110
D	Bonnie S. Planting	15449 Milan Way	Naples, FL 34110

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Rubinton, President

Date

941-592-0134

Daytime Phone #

CR2E081 (9/01)