2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:34

DOCUMENT # N00000001183

1. Entity Name
EUROPEAN CHAMBER OF COMMERCE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1255 CREEKSIDE PKWY. NAPLES, FL 34108	1255 CREEKSIDE PKWY. NAPLES, FL 34108

10172005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0996959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIPP, THOMAS E JR. 4223 DEL PRADO BLVD CAPE CORAL, FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Nov 17, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEIDER-CHRISTIANS, MICHAEL 1255 CREEKSIDE PKWY. NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Candace Webbe-Dennen 1255 Creekside Parkway Naples FL 34108 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITTMANN, INGRID 1255 CREEKSIDE PKWY. NAPLES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900060897279 10/24/05--01056--015 **236.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAAKE, ARNOLD J 1255 CREEKSIDE PKWY. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENELON, DAVID L 1255 CREEKSIDE PKWY. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOLZ, SABINE 1255 CREEKSIDE PKWY. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUSANNE PAWLIK 709 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ _____ / ARNOLD HAAKE ✓ 10/17/05 ✓ 239-593-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/22