

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 4:00

DOCUMENT # N00000005109

1. Corporation Name

FRIENDS FROM ABROAD, INC.

Principal Place of Business

Mailing Address

971 MICHIGAN AVE
NAPLES FL 34103

34110

971 MICHIGAN AVE
NAPLES FL 34103

34110

11983 TAMiami TR. N. STE. 150



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

11983 TAMiami TR. N.

3. New Mailing Office Address, If Applicable

11983 TAMiami TR. N.

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2000

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

150

5. FEI Number

59-3664640

Applied For

Not Applicable

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34110

Country
USA

Zip
34110

Country
USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BARTON, JERY E	971 MICHIGAN AVE - SUITE 150 11983 TAMiami TR. N.	NAPLES FL 34103 34110
D	EVANS, JAMES C	971 MICHIGAN AVE	NAPLES FL 34103
D	ROLLINS, C. NOLEN	971 MICHIGAN AVE	NAPLES FL 34103
D	SHELFORD, JOHN	971 MICHIGAN AVE	NAPLES FL 34103
D	WATSON, JOHN C	971 MICHIGAN AVE	NAPLES FL 34103

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTON, JERY E
971 MICHIGAN AVE
NAPLES FL 34103

Name

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

11983 TAMiami TRAIL N.

Suite, Apt. #, Etc.

SUITE 150

City

NAPLES

State

FL

Zip Code

34110

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

Jery E Barton

Date

10-17-01

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.

AD

SIGNATURE:

John C. Watson

John C. Watson

10/17/01

941-498-1833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #