

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 MAR 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008392

1. Corporation Name

Naples Education, Inc.

700005183467--2
-04/02/02--01054--013
****297.50 ****297.50

2. Principal Office Address

6000 Livingston Road North

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34110

Country

USA

3. Mailing Office Address

6000 Livingston Road North

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34110

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

December 19, 2000

5. FEI Number

59-3687079

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

Philip Menk, Jr.

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

6000 Livingston Road North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

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**

Philip Menk Jr

PHILIP MENK JR

REGISTERED AGENT MUST SIGN

Date 3/13/02

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
D	Jim Pieczynski	178 Grieb Road	Wallingford, CT 06492
D	Carol Moore	6875 Hunters Road	Naples, FL 34109
D	Oscar Marroquin	393 Derby Avenue	Orange, CT 06477
C	Patrick Kirk	9207 Vanderbilt Drive, #2	Naples, FL 34108

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:

Patrick T. Kirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK T. KIRK

13 MAR 02

Date

597.8411

Daytime Phone #

CR2E081 (9/01)