

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008392

1. Corporation Name

NAPLES EDUCATION, INC.

Principal Place of Business

6000 LIVINGSTON ROAD NORTH
NAPLES FL 34110

Mailing Address

6000 LIVINGSTON ROAD NORTH
NAPLES FL 34110

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

2. New Principal Office Address, If Applicable

16100 Livingston Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16100 Livingston Rd
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34110

Country

Zip

34110

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2000

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. 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	PIECZYNSKI, JIM	178 GRIEB ROAD	WALLINGFORD CT
D	MOORE, CAROL	6875 HUNTERS ROAD	NAPLES FL
D	MARROQUIN, OSCAR	393 DERBY AVENUE	ORANGE CT
C	KIRK, PATRICK	9207 VANDERBILT DR., #2	NAPLES FL
			700023870777 10/17/03--01019--023 **236.25

8. Name and Address of Current Registered Agent

MENK, PHILIP JR.
6000 LIVINGSTON ROAD NORTH
NAPLES FL 34110

9. Name and Address of New Registered Agent

Name

Tom Huckins

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

16100 Livingston Rd
Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/10/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

239-594-0206

Daytime Phone #

CR2E040 (7/03)