

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000002495**

1. Corporation Name

HIS SHALOM, INC.

Principal Place of Business

**2180 EVERLY AVE S.W.
NAPLES FL 34117**

Mailing Address

**2180 EVERLY AVE S.W.
NAPLES FL 34117**

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

2. New Principal Office Address, If Applicable

107 14TH AVE., N.E.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

107 14TH AVE., N.E.
Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip **34120** Country

City & State

NAPLES, FL

Zip **34120** Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2001

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DAVIS, LARRY R	2180 EVERLY AVE S.W. 107 14TH AVE., N.E.	NAPLES FL 34117 34120
D	DAVIS, JILL R	2180 EVERLY AVE S.W. 107 14TH AVE., N.E.	NAPLES FL 34117 34120
D	DAVIS, TODD M	2180 EVERLY AVE S.W.	NAPLES FL 34117
D	BURKE, BEVERLY J.	107 14TH AVE., N.E.	NAPLES, FL 341

3000009158573

11/21/02--01099--025 **61.25

8. Name and Address of Current Registered Agent

**LEE, KELLY A ESQ
COMMERCE CENTER AT NAPLES
201 S. AIRPORT ROAD
NAPLES FL 34104**

9. Name and Address of New Registered Agent

Name

JILL R. DAVIS

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

107 14TH AVE., N.E.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34120

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 REQUIRED
Jill R. Davis
REGISTERED AGENT MUST SIGN

Date **11-18-02**

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 REQUIRED
Jill R. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-02

Date

239-352-0125

Daytime Phone #

CR2ED40 (8/02)