

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -7 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000003678

1. Corporation Name

Metropolitan Community Church of Naples Inc.

800165132208
01/07/10--01037--015 **183.75

REINSTATEMENT
CR2E081 (11/09)

RH

2. Principal Office Address - No P.O. Box #

6340 Napa Woods Way

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 110088

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34116

Country

USA

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Mar 21, 2007

5. FEI Number
20-2946119

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

Rick Sosbe

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

6340 Napa Woods Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-4-2010

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
DP	Rick Sosbe	6340 Napa Woods Way	Naples FL 34116
DT	Suzanne Haubrich	3628 Cottage Club Lane	Naples FL 34105
DV	Frank Dowd	7093 Timberland Circle	Naples FL 34109
D	Diane Gamble	4443 Kathy Ave	Naples FL 34104
DS	Michael Mullan	2215 Malibu Lakes Drive	Naples FL 34119
D	Jennifer Varone	3940 Leeward Passage Ct #105	Bonita Springs FL 34134

10. E-mail Address: RevMCCNaples@aol.com

(To be used for future annual report notification)

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. I further certify, 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]

Rick Sosbe

01/04/2010 239-732-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #