

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 14 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06193

1. Corporation Name

NORTH NAPLES INDUSTRIAL CONDOMINIUM ASSOCIATION

2. Principal Office Address

1101 Sun Century Rd.

3. Mailing Office Address

1101 Sun Century Rd.

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Naples FL

City & State

Naples FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1984

5. FEI Number

59-2777416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey Matthews

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

1101 Sun Century Road

Suite, Apt. #, Etc.

Suite E

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

REGISTERED AGENT MUST SIGN

Date February 7, 2005

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
Pres:	Jeffrey Matthews	1101 Sun Century Rd., #E	Naples, FL 34110
VP	Allen Thomas	1101 Sun Century Rd., #E	Naples, FL 34110
Sec/Tre	Janet Thomas	1101 Sun Century Rd., #E	Naples, FL 34110

000046928360
02/21/05--01025--005 **188.75

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.

Janet Thomas, Secretary/Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 239-598-2515
Date Daytime Phone #

CR2E081 (01/04)

NORTH NAPLES INDUSTRIAL CONDOMINIUM ASSOCIATION
1101 Sun Century Road, Suite E
Naples, Florida 34110
Phone: (239)598-2515
Fax: (239)598-4315

February 7, 2005

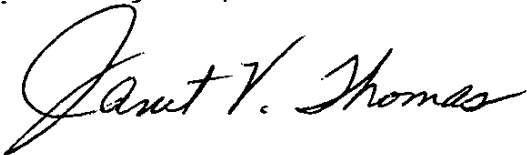
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement

Enclosed is a check in the amount of \$188.75. We are requesting reinstatement of our non-profit corporation.

We are asking for wavier of penalty because we did not receive a filing form for 2003, since the address was not complete.

Best regards,



Janet V. Thomas
Secretary/Treasurer

jvt
enc: 1