

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
EGR
REINSTATEMENT



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

FILED

03 NOV 18 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



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11/18/03--01004--012 **236.25

DOCUMENT # N07601

1. Corporation Name

ROTARY CLUB OF NAPLES-GOLDEN GATE, INC.

Principal Place of Business

Mailing Address

P O BOX 10067
NAPLES FL 34101
US

P O BOX 10067
NAPLES FL 34101
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2546128

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	KOLEGUE, LARRY JAMES MULLEN	6160 GREEN BLVD P.O. Box 10067	NAPLES FL 34101
VP	LAMENDOLA, MARIO BARNETT, SHERI	P.O. BOX 10067	NAPLES FL 34101
S	WOLFLEY, DAVE CHRISTIAN B. FELDEN	P.O. BOX 10067	NAPLES FL 34101
T	BARNETT, SHERI LAMENDOLA, MARIO	P.O. BOX 10067	NAPLES FL 34101
D	BOUTWELL, JOHN	P.O. BOX 10067	NAPLES FL 34101
D	HOWARD, GREG	P.O. BOX 10067	NAPLES FL 34101

8. Name and Address of Current Registered Agent

KOLEGUE, LARRY
6160 GREEN BLVD
NAPLES FL 34116

9. Name and Address of New Registered Agent

Name: Christian B. Felden
Street Address (P.O. Box Number is Not Acceptable): 3838 Tamiami Trail N.
Suite, Apt. #, Etc.: Suite 416
City: Naples
State: FL
Zip Code: 34103

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

Christian B. Felden

Date 10/21/03

REGISTERED AGENT MUST SIGN

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:

Christian B. Felden Christian B. Felden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

Date

Daytime Phone #

10/21/03 239-263-2277

CR2E040 (7/03)