

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13780

1. Corporation Name

NAPLES-PELICAN BAY ROTARY CLUB, INC.

P O BOX 110777

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2. Principal Office Address

P O BOX 110777

3. Mailing Office Address

P O BOX 110777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLA

City & State

NAPLES FLA

Zip

34108-0113

Country

US

Zip

34108-0113

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/11/1986

5. FEI Number

59-2121559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

N REX ASHLEY

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

1044 CASTELLO DRIVE

Suite, Apt. #, Etc.

STE # 106

City

NAPLES

State
FL

Zip Code
34103

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

N Rex Ashley

REGISTERED AGENT MUST SIGN

Date

11/18/04

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	BEN HILLOCK	6220 TAYLOR ROAD	NAPLES FLA 34108
DPE	PETER PREU	566 CORBEL DRIVE	NAPLES FLA 34110
DS	HARRY PARKS	7707 GROVES ROAD	NAPLES FLA 34109
DT	BOB CARNEY	4099 TAMiami TR STE 100	NAPLES FLA 34103
D	N REX ASHLEY	1044 CASTELLO DR STE 106	NAPLES FLA 34103

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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.

SIGNATURE:

N Rex Ashley N Rex Ashley

Date

Daytime Phone #

11/18/04 239-261-7200

CR2001 (01/04)