

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED *102*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N14073*
1. Corporation Name
*University of Pennsylvania Alumni Club
of Southwest Florida, Inc.*

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-07/24/01--01098--005
****481.25 ****481.25

2. Principal Office Address <i>4751 Bonita Bay Blvd.</i>		3. Mailing Office Address <i>Same</i>	
Suite, Apt. #, etc. <i>#1005</i>		Suite, Apt. #, etc.	
City & State <i>Bonita Springs, FL</i>		City & State	
Zip <i>34134</i>	Country	Zip	Country

REINSTATEMENT *97-01*

4. Date Incorporated or Qualified To Do Business In Florida <i>4/30/1986</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. FEI Number <i>592713039</i>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <i>Andrew Reiss</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>821 Fifth Avenue South</i>		
Suite, Apt. #, Etc. <i>Suite 201</i>		
City <i>Naples</i>	State FL	Zip Code <i>34102</i>

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 *Andrew Reiss* Date *5/11/01*
REGISTERED AGENT MUST SIGN

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
<i>P, D</i>	<i>Thomas J. Raser</i>	<i>4751 Bonita Beach Blvd. #1005</i>	<i>Bonita Springs, FL 34134</i>
<i>VP, D</i>	<i>Andrew Reiss</i>	<i>821 Fifth Avenue South Suite 201</i>	<i>Naples, FL 34102</i>
<i>T, D</i>	<i>Elizabeth Dewey</i>	<i>1897 Venetian Way</i>	<i>Naples, FL 34110; 1145</i>
<i>S, D</i>	<i>Edward M. Callahan</i>	<i>6216 Bellerive Ave, #1703</i>	<i>Naples, FL 34119</i>
<i>D</i>	<i>Richard Censits</i>	<i>688 Annemore Lane</i>	<i>Naples FL 34108</i>
<i>D</i>	<i>Merry Coolidge</i>	<i>4611 Clayton Rd</i>	<i>Naples, FL 34103</i>

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)(b), 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: *Andrew Reiss* *Andrew Reiss* *7/6/01* *(941) 261-9300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)

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2082

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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 _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
D	John Gamba	6518 Highcroft Dr.	Naples, FL 34119
D	Mary Anne Gamba	6518 Highcroft Dr.	Naples, FL 34119
D	Richard S. Denny	913 Tierra Lago Way	Naples, FL 34119

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)(f), 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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/00)