

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 30 AM 11:21

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N29806**

1. Corporation Name

The New Attitudes Club of Naples, Incorporated

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

2740 Bayshore Drive

3. Mailing Office Address

85 12th Street South

Suite, Apt. #, etc.

Unit No. 13

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34112

Country

USA

Zip

34102

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/13/1988

5. FEI Number

650089770

☐ 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

Sandra J. Keeler

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

800 17th Ave South

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

800183528178  
07/21/10--01027--006 \*\*358.75

W1-34309

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

*Sandra J. Keeler*

REGISTERED AGENT MUST SIGN

Date 7/16/2010

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
P T	Ronald Keith Harris	2296 Spruce Street	Naples, Fl. 34112
V T	Michael Kritzman	2197 Jackson Ave.	Naples, Fl. 34112
T T	Sandra Keeler	800 17th Ave. South	Naples, Fl. 34102
D T	Gail Voghel	2030 River Reach Dr #133	Naples, Fl 34104

10. E-mail Address: sandykee@comcast.net

(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:

*Sandra J. Keeler*

SANDRA J. KEELER

7/16/2010

239-398-0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #