

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **N31565**

02 DEC 19 AM 10:30

1. Corporation Name

CITIZENS TO PRESERVE NAPLES BAY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

Principal Place of Business

Mailing Address

P.O. BOX 3160
NAPLES FL 34106
US

P.O. BOX 3160
NAPLES FL 34106
US



05/28/02 90715 010 \$70.00
000009595770
12/19/02--01031--004 **175.00

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

04/06/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0266464

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TIMMINS, HARRY	555 KINGSTOWN DR.	NAPLES FL 34102
STD	WEIGEL, JAMES R.	520 ANCHOR RODE DRIVE	NAPLES FL 34103
D	Edwin M. Williams	587 Serendipity Drive	Naples, Florida 34108

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEIGEL, JAMES R.
520 ANCHOR RODE DRIVE
NAPLES FL 34103

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James R. Weigel
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-17-02

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:

James R. Weigel
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/02

(239)659-0222

Date

Daytime Phone #

CR2E040 (8/02)