

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 18 AM 11:46

DOCUMENT # N43707

1. Corporation Name

THE BONITA SPRINGS AREA CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

25071 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 33923

25071 CHAMBER OF COMMERCE DRIVE
BONITA SPRINGS FL 34135
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1991

5. FEI Number

65-0266046

Applied For

Not Applicable

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
D	BARBER, FREDERICK	7400 TAMiami TRAIL N STE 200	NAPLES FL 34108
P	LEPOLA, R.A.	3501 BONITA BAY BLVD 3620 LAKEMONT Dr.	BONITA SPRINGS FL - 34135
D	WAGNER, ROBERT VICKIE HELBING	25900 HICKORY BLVD. #601 16565 VANDERBILT Dr.	BONITA SPRGS FL - 34134
D	BIGLIONI, DOMINA John D Spear, Esq.	P.O. DRAWER 1680 N.W. 9200 Bonita Beach Rd Ste 204	BONITA SPRINGS FL 33959 34135
D	HOCHSTETLER, HENRY	3940 BONITA BEACH RD	BONITA SPRINGS FL 33923

8. Name and Address of Current Registered Agent

KEEPER, NANCY P
25071 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 34135

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	700003440587--1
Suite, Apt. #, Etc.	-10/26/00--01066--010
City	*****61.25 *****61.25
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.

Signature of Registered Agent

X *[Signature]*

Date

10/16/00

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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #



October 16, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

RE: Document No. N43707
Bonita Springs Area Chamber of Commerce Foundation, Inc.

Attention: Tyrone

Dear Tyrone:

With reference to our phone conversation this morning, please be advised that we did not receive any corporation forms for renewal in July of 2000. Enclosed please find Application for Reinstatement along with check in the amount of \$61.25.

If you check our records with the Department of Agriculture and the Department of State you will find that we have always filed this reports on a timely basis; therefore, I would appreciate it if you would not attach any late fees to this filing.

Thank you very much for your assistance and please don't hesitate to call if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jessica C. Novins".

Jessica C. Novins
Director of Finance