

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:07

DOCUMENT # *N 44086*

1. Corporation Name

*Naples Visitors Bureau, Inc.*

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

*9740 Bent Grass Bend*

Suite, Apt. #, etc.

City & State

*Naples, FL*

Zip

*34108*

Country

*US*

3. Mailing Office Address

*9740 Bent Grass Bend*

Suite, Apt. #, etc.

City & State

*Naples, FL*

Zip

*34108*

Country

*US*

800163184898  
11/30/09--01047--021 \*\*481.25

**REINSTATEMENT** 05-09

4. Date Incorporated or Qualified  
To Do Business in Florida

*06/26/1991*

5. FEI Number

*65-0290756*

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

*Jerry Thirion*

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

*9740 Bent Grass Bend*

Suite, Apt. #, Etc.

City

*Naples*

State

*FL*

Zip Code

*34108*

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Jerry Thirion*

REGISTERED AGENT MUST SIGN

Date *11-14-09*

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>D</i>	<i>Bon Albert</i>	<i>3470 Club Center Blvd.</i>	<i>Naples, FL 34114</i>
<i>D</i>	<i>Mike Watkins</i>	<i>851 Gulfshore Blvd. N</i>	<i>Naples, FL 34102</i>
<i>P</i>	<i>JERRY THIRION</i>	<i>9740 BENT GRASS BEND</i>	<i>NAPLES, FL 34108</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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/20/09* (239) 732-3002

Date

Daytime Phone #

CORRECTIONS TO TITLES PER CONVERSATION WITH RON ALBERT 12/2/09 KS