PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005816

1. Corporation Name

NAPLES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4933 NORTH TAMIAMI TRAIL NAPLES FL 34103 US	4933 NORTH TAMIAMI TRAIL NAPLES FL 34103 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: 01/10/1994

5. FEI Number: 65-0470349 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GARRETT, DONALD F	821 BUTTON BUSH LANE	NAPLES FL
D	GARRETT, MARGARET A	821 BUTTONBUSH LANE	NAPLES FL
D	PAYNE, ROBERT W	4933 N TAMIAMI TRAIL	NAPLES FL

100002721461--7
-12/24/98--01006--010
*****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARLICK, THOMAS B 8889 PELICAN BAY BLVD STE 300 NAPLES FL 34108	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (9/98)

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 SIGNATURE REQUIRED Date 12-9-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED Donald F. Garrett 12.09.98 (941) 643.2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Naples Professional Center
Condominium Association, Inc.
4933 North Tamiami Trail, Suite 300
Naples, Florida 33940

December 9, 1998

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

Re: Corporate Annual Report
FEI no. 65-0470349

Gentlemen,

Enclosed herewith, please find our Reinstatement Application completely filled out and signed, along with a check for: $ 61.25.

We returned our corporate filing on July 6, 1998, via certified mail return receipt, with a check for: $ 558.75. This was received by your office on July 8, 1998.

When I received the notice of dissolution, I called the Department, and they said that our check was returned, as not for profit corporations do not have to pay a late filing fee. We never received the returned check, and therefore were not aware of any problems until receiving the dissolution notice.

If you have any questions, please feel free to call me at (941) 643-2900. Thank you.

Sincerely,

Donald F. Garrett
President