PLEASE READ ALL INSTRUCTIONS BEFOR

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Katherine Harris — Secretary of State — DIVISION OF CORPORATIONS

98-99A

FILED
Jun 29 1999 8:00 am
Secretary of State

DOCUMENT # N94000002276

1. Corporation Name
NAPLES GATORS POP WARNER FOOTBALL, INC,

Principal Place of Business	Mailing Address
2600 FLEISCHMANN BLVD. NAPLES, FL 34102	P.O. BOX 9602 NAPLES, FL 34101

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99

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: 5/3/94

5. FEI Number: 65-0477833 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D-P	CEDELL GARLAND	2600 GARLAND RD. S.W. ~~NAPLES, FL 34H~~	NAPLES/FL/34117
D-V	DAVID WEEKS	2480 42nd St. S.W.	NAPLES/FL/34119
D-A,D.	BARRIE KEE	5810 16th AVE. N.W.	NAPLES/FL/34119
D-T	EARLE a. SANBORN	265 MADISON DR.	NAPLES/FL/34110
			600002921216--8 -07/01/99--01080--004 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

NA

9. Name and Address of New Registered Agent

Name: DAVID SZEMPRUCH
Street Address (P.O. Box Number is Not Acceptable): 5100 Tamiami Trail N. #1
Suite, Apt. #, Etc.: 201
City: Naples State: FL Zip Code: 34103

CR2E081 (12/98)

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 X [signature] REGISTERED AGENT MUST SIGN — Date X 6-22-99

11. This corporation owes 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.

6/20/99

Earle D. Sanborn

SIGNATURE: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6/21/99 Date — x941-430-4174 Daytime Phone #