PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 SEP 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004936

**1.** Corporation Name

The NSfee Everglades Chapter, Inc. 01-02

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 625 Anchor Rode Dr | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Naples, Florida | City & State: Same |
| Zip: 34103 Country: USA | Zip: Same Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number 13-2540764 ☐ 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: Rob Mohen

Street Address (P.O. Box Number is Not Acceptable): 1450 Merrihue Drive

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34102

**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 _____ Date Aug 7/02

REGISTERED AGENT MUST SIGN

DR2E081 (9/01)

**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 |
|---|---|---|---|
| Pres | Rob Mohen D | 1450 Merrihue Drive | Naples, FL 34102 |
| VP | David Ulrich D | 1500 Colonial Blvd. #208 | Ft. Myers, FL 33907 |
| Sec. | Mary Lee Conner D | 2610 Northbrooke Plaza | Naples FL 34119 |
| Treas. | Jon LaBahn D | 625 Anchor Rode Dr | Naples, FL 34103 |
| | | | 400007823224--2 |
| | | | -09/18/02--01031--002 |
| | | | ****332.50 ****297.50 |

**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 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:** Jon LaBahn 8/12/02 239-403-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #