

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 JUL 29 PM 2:02

DOCUMENT # N95000002805

1. Corporation Name

Southwest Florida Concierge and Guest Services
Association, Inc.

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

8296 LAUREL LAKES

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7126

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Naples, Florida

Zip

34119

Country

Zip

34101-7126 USA

Country

7. Name and Address of Current Registered Agent

Name

Suzanne Jackson

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

5465 Hawthorn Woods Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

Suzanne W. Jackson
REGISTERED AGENT MUST SIGN

Date

7-22-09

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
Pres	Judy <u>Neilsen</u>	8296 Laurel Lakes	Naples, FL 34119
VPres	Norma <u>Gershen</u>	14802 Fripp Island Court	Naples, FL 34119
Treas	Suzanne Jackson	5465 Hawthorn Woods Way	Naples, FL 34116
Sec	Hope Haworth	736 Wiggins Lake Drive #101	Naples, FL 34110
Memb	Michael Antunes	23820 San Marino Road	Bonita Springs, FL 34135
PR	Albert Almeida	9055 Caloosa Road	Fort Myers FL 33967

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

Suzanne W. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-22-09 139-348-3222

Daytime Phone #

200158928942
07/27/09--01040--013 **498.75

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida 06/13/1995

5. FEI Number
65-0596974

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.