

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 12:42

DOCUMENT # N96000006106

1 Corporation Name

NAPLES Junior Chamber Inc. ~~W99-23429~~

Principal Place of Business

Mailing Address

2950 64th St. S.W.
Naples, FL 34105

P.O. Box 10416
NAPLES, FL 34101

REINSTATEMENT 99-93

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

11/96

5. FEI Number

59-3412718

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.	Win Turner	45 Liberty Lane	Naples, FL 34112
D.VP	Lisa Douglass	600 St. Andrews	Naples, FL 34112
D.VP	Matt Campbell	2105 Scrub Oak Cir #305	Naples, FL 34112
D.VP	Dan Malinowski	424 25th St N.W.	Naples, FL 34120
D.Sec	Angie Robinson	11082 Windong Cir #201	Naples, FL 34109
D.Treas	Terry Tillet	3315 Bermuda Isle Cir #121	Naples, FL 34109

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

600003035396--9
-11/04/99--01075--025
****358.75 ****358.75

Name

Win Turner

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

45 Liberty Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

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

Win Turner

REGISTERED AGENT MUST SIGN

Pres. Naples Jayces Date 10-6-99

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.

SIGNATURE:

Lisa Douglass, Management Vice Pres. Naples Jayces

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-99 (941) 775-2737

Date

Daytime Phone #

CRZED01 (12/98)