PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 JAN 29 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**DOCUMENT #** N96000006106

**1.** Corporation Name
NAPLES JUNIOR CHAMBER OF COMMERCE, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 2950 64th St SW | PO BOX 10416 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: NAPLES FL | City & State: NAPLES FL |
| Zip: 34105 Country: USA | Zip: 34102 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 11/25/1996

**5.** FEI Number: 593412718 ☐ 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: Angela Robinson

Street Address (P.O. Box Number is Not Acceptable): 400 Valley Stream Drive #110

Suite, Apt. #, Etc.: #110

City: Naples State: FL Zip Code: 34113

**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: x _____ REGISTERED AGENT MUST SIGN

Date: 12.22.01
941-(825-2831)

**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 |
|---|---|---|---|
| P | DAN MALINOWSKI | 424 25TH ST NW | NAPLES FL 34120 |
| DVP | TOM LAND | 1727 55TH ST SW | NAPLES FL 34120 |
| DVP | JUDY PYLE | 5362 TRANMEL ST | NAPLES FL 34113 |
| DVP | TONI FINGER | 103rd AVE N | NAPLES FL 34104 |
| TR | MATT CAMPBELL | 2105 SCRUB OAK CIRCLE #305 | NAPLES FL 34112 |
| SEC | MISTI DuBucher | | NAPLES FL 34116 |

**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.

941-825-5181

SIGNATURE: MATT CAMPBELL — 12.22.01 — 825-2831

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

CR2E081 (9/00)