

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N98000005688**

1. Corporation Name

FRIENDS OF GUMMI, INC.

Principal Place of Business

225 MOORING LINE DR.
NAPLES FL 34102

Mailing Address

225 MOORING LINE DR.
NAPLES FL 34102

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1998

5. FEI Number

31-1622591

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	RUDOLPH, JANICE	225 MOORINGLING DR	NAPLES FL 34102
TVP	RUDOLPH, ROBERT	225 MOORINGLING DR	NAPLES FL 34102
D	ELLIOT, GLENDA	287 N COLLIER BLVD	MARCO ISLAND FL 34135
D	MORELOCK, JODI	7077 NORTH AIRPORT RD	NAPLES FL 34105
D	MCCAUGHEY, BRYCE	3298 PONCE DE LEON	NAPLES FL 34105
D	LUEDTKE, SEAN	PO BOX 9947	NAPLES FL 34101

8. Name and Address of Current Registered Agent

FRANK, ANN T
2124 AIRPORT RD. SOUTH
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Janice Rudolph
REGISTERED AGENT MUST SIGN

Date

1/28/02

11. 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:

Janice Rudolph, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

941-434-7559

Daytime Phone #

CR2040 (8/01)