


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005688			
1. Corporation Name Friends of Gummi, Inc.			
2. Principal Office Address - No P.O. Box # 225 Mooringline Drive		3. Mailing Office Address 225 Mooringline Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34102	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10/2/1998			
5. FEI Number 31-1622591		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Janice Rudolph			
Street Address (P.O. Box Number is Not Acceptable) 225 Mooringline Dr.			
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 <i>Janice Rudolph</i>		Date <i>May 19/2010</i>	
REGISTERED AGENT MUST SIGN Janice Rudolph			
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
Dir.	Marilyn Blumeyer	5895 Chanteclair Drive, #121	Naples, Florida 34108
Dir.	Mary Heend	8787 Bay Colony Drive, Trieste #302	Naples, Florida 34108
Dir.	Barbara Devoe	106 Wilderness Lane	Naples, Florida 34105
Dir.	Helen McIntyre	3971 Gulfshore Blvd N, #PH-204	Naples, Florida 34103
Pres. Sec. <input checked="" type="checkbox"/>	Janice Rudolph	225 Mooringline Drive	Naples, Florida 34102
VP Treas. <input checked="" type="checkbox"/>	Robert Rudolph	225 Mooringline Drive	Naples, Florida 34102
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: <i>Janice Rudolph</i>		Janice Rudolph, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>5/19/2010</i>	Daytime Phone # 239-290-2485

FILED

10 MAY 21 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

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