

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 14 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038022

1. Corporation Name

VISTA VENTURES OF NAPLES INC.

REINSTATEMENT 02

2. Principal Office Address

666 BALD EAGLE DR.

Suite, Apt. #, etc.

City & State

MARCO ISL FL

Zip

34145

Country

US

3. Mailing Office Address

666 BALD EAGLE DR

Suite, Apt. #, etc.

City & State

MARCO ISL FL

Zip

34145

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/10/2000

5. FEI Number

650994524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300008977173
11/14/02--01006--002 **750.00

7. Name and Address of Current Registered Agent

Name

LEANNE G. BAMBERG

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

666 BALD EAGLE DR.

Suite, Apt. #, Etc.

City

MARCO ISL.

State

FL

Zip Code

34145

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

Leanne G. Bamberg
REGISTERED AGENT MUST SIGN

Date

11-6-02

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.	LEANNE G. BAMBERG	6795 HUNTINGTON LAKES CIR.#202	NAPLES, FL. 34119

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.

SIGNATURE:

Leanne G. Bamberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-02

Daytime Phone #

CR2E081 (9/01)

gr 11/15