

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -8 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085490

1. Corporation Name

FEATHERS OF NAPLES, INC.

Principal Place of Business

997 2ND AVE. N.
SUITE #1
FT MYERS FL 33901

Mailing Address

FEUTHERA OF NAPLES, INC.
997 2ND AVE. N.
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

Feathers of Naples Inc
Suite, Apt. #, etc.
200 Goodlette Herd S.

City & State
Naples Fla. #5

Zip
34102

Country
U.S.

3. New Mailing Office Address, If Applicable

Feathers of Naples Inc
Suite, Apt. #, etc.
200 Goodlette Herd S.

City & State
Naples Fla. #5

Zip
34102

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2000

5. FEI Number

65-1046855

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	4 City / State / Zip
D	SCHOFIELD, SHANNON	1375 JACKSON STREET STE 202	FT MYERS FL 33901

900008593539
11/08/02--01104--007 **150.00

8. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
1375 JACKSON STREET STE 202
FT MYERS FL 33901

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/02)

Oct 31, 2002

To whom it may concern,

I recieved this notice in my mail yesterday. Unfortunately, I didnt recieve any first or second notice. I have been in the middle of moving my business to a new location. It took almost a month and a half of time to do this. My old store was shut down at this time. I didnt recieve alot of my mail because I wasn't there all the time. When my move was complete the mailman was taking my mail to my new adress. But, I didnt change the adress formally until last week. I apologize for not notifying you right away. I had alot of changes and decision making going on at the time. Thank you and I hope you can help me by waiving this fine.

Sincerely

Shannon Schofield
Shannon Schofield

Feather & Naples president