

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000088168**

1. Corporation Name

NAPLES ORCHIDS, INC.

Principal Place of Business

Mailing Address

6631 NEWHAVEN CIRCLE
NAPLES FL 34109

6631 NEWHAVEN CIRCLE
NAPLES FL 34109

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3674070

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	HUNT, STEPHEN K	6631 NEWHAVEN CIRCLE	NAPLES FL 34109
D	HUNT, CAROL	6631 NEWHAVEN CIRCLE	NAPLES FL 34109
D	HUNT, KERI	6631 NEWHAVEN CIRCLE	NAPLES FL 34109

REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

STEVE HUNT

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

6631 NEWHAVEN CIRCLE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

Stephen K. Hunt
REGISTERED AGENT MUST SIGN

700004698277--6

-11/23/01-01048-007

*****750.00 ***750.00**

Date

10/29/01

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:

Steph K. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/01 941-370-6446

Daytime Phone #

CR2E040 (9/01)