

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000091349

1. Corporation Name

GREATER AGIO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4351 GULFSHORE BLVD N. #5N  
NAPLES FL 34103

4351 GULFSHORE BLVD N. #5N  
NAPLES FL 34103

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/2000

5. FEI Number

65-105-1003

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
PVST	GOLDSMITH, JAN M	4351 GULFSHORE BLVD N, #5N	NAPLES FL 34103
V	GOLDSMITH, STEVEN M	4351 GULFSHORE BLVD N, #5N	NAPLES FL 34103

700004672447--5  
-11/08/01--01045--016  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBRE, HAROLD J  
4001 TAMiami TRAIL N, SUITE 300  
NAPLES FL 34103

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Jan Goldsmith*  
REGISTERED AGENT MUST SIGN

Date

*mw*

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:

*Jan Goldsmith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-01

Daytime Phone #

941-649-6489

CR2E040 (8/01)

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**GREATER AGIO ENTERPRISES, INC.**  
4351 Gulfshore Blvd. N. #5N  
Naples, FL 34103  
(941) 649-6489

October 17, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

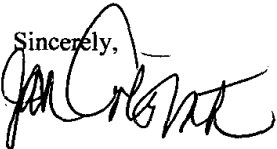
Gentlemen:

Enclosed is my signed Application for Reinstatement along with my check in the amount of \$150.00 for my Corporate Annual Report. I never received an Annual Report form or any notice of it until this Reinstatement arrived.

I understand that if I pay the \$150.00 fee this will keep the corporation in good status.

Thank you.

Sincerely,



Greater Agio Enterprises  
Jan M. Goldsmith  
President

jmg/bl  
Enclosures (2)