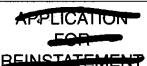
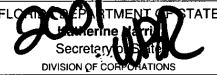
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.









DOCUMENT #

P00000101498

1. Corporation Name

CINDY L. NAEYAERT, INC.

Principal Place of Business

Mailing Address

4641-10 LAKESIDE CLUB BLVD. FORT MYERS FL 33905

4641-10 LAKESIDE CLUB BLVD.

FORT MYERS FL 33905

FILED 01 NOV -5 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA



if above add	dresses are i	incorrect in any way, line th	rough incorrect in	nformation and enter o	correction below.				
New Principal Office Address, If Applicable 3. New Mailin				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/27/2000			
Suite, Apt. #, etc. Suite, Apt. #,				etc.					Applied For
City & State City & State						65-1054636			Not Applicable
Zip Country Zip			Country 6.		6. CERTIFICATE	6. S8.75-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)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P,D	Cir	dy L. Meya	·er+	4641-101	akeside (31~p B129	tort m	yeas,	FLOC'124 33905
	- "								
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		, , , , ,				•			
			F-1010F 11						
L	8. Nam	e and Address of Current	Registered Age	i Int	9. Name and Address of New Registered Agent				
					Name				
SW PROFESSIONAL SERVICES OF FT. MYERS, INC 13571 MCGREGOR BLVD., #22					Street Address (P.O. Box Number is Not Acceptable)				
		33919		.	Suite, Apt. #, Etc.				
					City			State 7	Zip Code
10. I, being a	appointed the	registered agent of the ab	ove named corpo	oration, am familiar wit	th and accept the o	obligations of Section	on 607.0505, F.S.		
ي.				_ ,	-				{
Signature of Registered Agent SIGNATURE REQUIRED Date									
**. REGISTERED AGENT MUST SIGN									
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.									

Daytime Phone #

292

November 3, 2001

Please find enclosed my check for \$150.00 and completed annual report form.

was a read

Please be advised that I never received the original annual report to file.

Thank you,

Cindy L. Naeyaert Ref.Number P00000101498