

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



2001  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



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

10/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1054636

Not Applicable

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
P.D.	Cindy L. NaeYAert	4641-10 Lakeside Club Blvd	Fort Myers, Florida 33905

900004698299--8  
-11/29/01--01050--001  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SW PROFESSIONAL SERVICES OF FT. MYERS, INC  
13571 MCGREGOR BLVD., #22  
FORT MYERS FL 33919

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.

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.

NOV 28 2001

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-2001

Date

941-693-6371

Daytime Phone #

CP2E040 (8/01)

292

November 3, 2001

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

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

Thank you,

Cindy L. Naeyaert  
Ref.Number P00000101498

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