

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT

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

FILED

01 NOV 13 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000001647

1. Corporation Name

NORTON FOLGATE, INC.

2. Principal Office Address

350 5TH AVE. S.

Suite, Apt. #, etc.

202

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Office Address

350 5TH AVE. S.

Suite, Apt. #, etc.

202

City & State

NAPLES, FL

Zip

34102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-22-2000

5. FEI Number

59-3690170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLACK, A.J.

000004736250 --4

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

810 RIVERPOINT DR.

12/24/01 01003 019
****750.00 **** 50.00

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

A.J. Black

Date 11/9/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BLACK, A.J.	810 RIVERPOINT DR	NAPLES, FL 34102
D	PITHER, ALAN	SUMMERWINDS 6 PRIESTS Paddock	BEACONSFIELD BUCKINGHAMSHIRE, UK HP11 1YL
D	PETER, DEREK R.	1339 HIGH ROAD	WHETSTONE, LONDON ENGLAND N20 9HR

10. 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:

A.J. Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

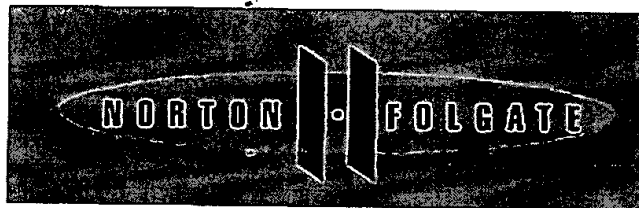
11/9/01

Date

(941) 430-2425

Daytime Phone #

CREATED (8/00)



208

November 9, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Due to the fact that our corporation was qualified to do business on December 22, 2000, we were not aware that the filing for 2001 was never completed because we never received the information to do so and as you will note our office and mailing address has changed. Therefore, we ask to be reimbursed the reinstatement fee if at all possible.

Thank you for your attention in this matter and we apologize for the inconvenience.

Sincerely,

A.J. Black

A.J. Black
President
Norton Folgate, Inc.