

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 14 AM 10:41

DOCUMENT # P01000001647

**1. Corporation Name**

NORTON FOLGATE INC.

**2. Principal Office Address**

9168 BRENDAN PRESERVE CT

Suite, Apt. #, etc.

City & State

BONITA SPRINGS / FLORIDA

Zip

34135

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/22/00

**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

SIMON BARTLETT (PRESIDENT)

500008997945

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

8167 RIVER HOMES LANE

11/14/02--01018--017 \*\*758.75

Suite, Apt. #, Etc.

#304

City

BONITA SPRINGS

State

FL

Zip Code

34135

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/11/02

**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
V.P.	TERRY ADKINS	5192 WEST BLVD	NAPLES FLA 34103
V.P.	ALAN PITHER	SUMMERWINDS 6 PRIEST PADDOCK	BEAconsFIELD, ENGLAND HP9
Pres	SIMON BARTLETT	8617 RIVER HOMES LANE #304	BONITA SPRINGS FLA 34135
<del>Sec</del>	<del>DEREK PETER</del>		

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

(239) 825 8448

Daytime Phone #

CR2E081 (9/01)