

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

04 DEC -2 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000014759

**1. Corporation Name**

Occasions Of Naples, Inc.

9853 Tamiami Trail

9853 Tamiami Trail

**2. Principal Office Address**

9853 Tamiami Trail

Suite, Apt. #, etc.

#101

City & State

Naples

Zip

34108

Country

Collier

**3. Mailing Office Address**

9853 Tamiami Trail

Suite, Apt. #, etc.

#101

City & State

Naples

Zip

34108

Country

Collier

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida 02/09/01**

**5. FEI Number**

59369013

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

Hayton, Mark

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

730 Bay Tree Ct.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

**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

*G. Hayton*

Date 11/6/04

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
PD	Hayton, Mark	730 Bay Tree Ct	Naples, FL 34108

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Date 11/6/04 239  
Daytime Phone # 592-6878

CR2E081 (01/04)