

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014759

1. Corporation Name

OCCASIONS OF NAPLES INC.

Principal Place of Business

Mailing Address

9853 TAMAIMI TRAIL NORTH
#101
NAPLES FL 34108

9853 TAMAIMI TRAIL NORTH
#101
NAPLES FL 34108

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

02/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3696913

Applied For

Not Applicable

City & State

City & State

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PD		HAYTON, MARK		730 BAY TREE CT.		NAPLES FL 34108
		RADTKE, TRACY L		774 PEBBLE CREEK CIR. #301		NAPLES FL 34108

000025329680
12/03/03 01003-013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYTON, MARK
730 BAY TREE CT.
NAPLES FL 34108

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/02/03

OCCASIONS OF NAPLES, INC.

December 3, 2003

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

RE: Occasions of Naples, Inc.
Application for Reinstatement

Gentlemen:

Enclosed is the completed Application for Reinstatement and a check in the amount of \$150. The original and second Uniform Business Report notices were not received by the corporate officers. Accordingly, it is requested that the Corporation be reinstated without penalty by paying the required \$150 annual filing fee.

Sincerely,

Mark Hayton
President

