

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP -8 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

000022384750
08/18/03--01065--015 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida April 2, 2001

5. FEI Number
None 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

First National Bank of Florida

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

2150 Goodlette Road, N.

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

REGISTERED AGENT MUST SIGN

Date 7/31/03

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
CEO	Kevin C. Hale	2150 Goodlette Road, N.	Naples, Florida 34102
VPSD	James J. Goehler	2150 Goodlette Road, N.	Naples, Florida 34102
D	Gary L. Tice	2150 Goodlette Road, N.	Naples, Florida 34102
D	Garrett S. Richter	2150 Goodlette Road, N.	Naples, Florida 34102

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

7/31/03

Date

Daytime Phone #

CR2E081 (1/02)