

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PO1000089452

1. Corporation Name

G & C of Naples Inc.

2. Principal Office Address

581 20th St. N.E.

Suite, Apt. #, etc.

Naples, FL

City & State

34120

Zip

Country

Collier

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/7/01

5. FEI Number

59-3742127

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

Giraldo Hernandez

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

581 20th St. N.E.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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

4/7/03

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
President	Giraldo Hernandez	581 20th St. N.E.	Naples, FL - 34120
Vice President	Carlos Maspoli	18452 MARCUS RD	Ft Myers FL 33912

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

Date

4/7/03

Daytime Phone #

FILED

03 APR 15 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/15/03--01023--005 \*\*300.00

CR2501 (10/02)

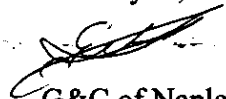
April, 07 2003

G&C of Naples Inc.  
581 20<sup>th</sup> Street N.E.  
Naples, Fl. 34120  
(239)354-2610  
Employer # 59-3742127

To whom it may concern,

This letter is to inform you the reasons of why I hadn't sent my payment . I didn't realize I had to send it by a specific time, until I did my taxes this year and was informed of my business being inactive, since last year. When I called you last week and I asked about the amount due, I was told I owed \$900, and this was a surprise to me because I didn't realize I had to pay this amount, then I was informed that I had been sent notices for when the payment was due, but I never received the notices. Please accept my sincere apologies as this would have never happened had I known when to send my payment. Enclosed, you will find my payment for the year 2002 and 2003, in the amount of \$300 dollars. Once again, please accept my apologies and I would really appreciate it if my business is reactivated.

Thank you,



G&C of Naples Inc.