

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN 13 A 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P030000 41605

1. Corporation Name

Body Elite of Naples Inc.

W08-54121

2. Principal Office Address - No P.O. Box #

2067 Pine Ridge Rd

3. Mailing Office Address

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Naples FL

City & State

SAME

Zip

Country

34109 Collier

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06 02 03

5. FEI Number

141878215

☐ 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

Beverly Kay Bechtol

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

2067 Pine Ridge Rd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Beverly Kay Bechtol

REGISTERED AGENT MUST SIGN

Date 12-9-08

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
Pres.	Beverly Kay Bechtol	2067 Pine Ridge Rd	Naples FL 34109

900143346699
02/11/09--01005--028 **500.00

REINSTATEMENT
05-08

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 contained in Chapter 119, 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:

Beverly Kay Bechtol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-08

Date

2395966976

Daytime Phone #