

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 22 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000054258

1. Corporation Name

CSNA, Inc.

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

975 Imperial Golf Course Blvd.

Suite, Apt. #, etc.

114

City & State

Naples, Florida

Zip

34110

Country

USA

3. Mailing Office Address

975 Imperial Golf Course Blvd.

Suite, Apt. #, etc.

114

City & State

Naples, Florida

Zip

34110

Country

USA

500103032175
05/22/07--01051--001 **450.00

REINSTATEMENT 05-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/16/2003

5. FEI Number

13-4251763

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

Gary Gardiner

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

975 Imperial Golf Course Blvd.

Suite, Apt. #, Etc.

114

City

Naples

State

FL

Zip Code

34110

☒ 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

Gary Gardiner

REGISTERED AGENT MUST SIGN

Date

May 18, 2007

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	Gary Gardiner	975 Imperial Golf Course Blvd. # 114	Naples, FL 34110
VD	Lisa Gardiner	975 Imperial Golf Course Blvd. # 114	Naples, FL 34110

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:

Gary Gardiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/2007

Date

239
254-8200

Daytime Phone #