

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 SEP 13 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000066161

**1. Corporation Name**

Services of Naples, Inc.

**2. Principal Office Address**

2265 Queens Way  
Suite, Apt. #, etc.

**3. Mailing Office Address**

2265 Queens Way  
Suite, Apt. #, etc.

**City & State**

Naples, FL

**City & State**

Naples, FL

**Zip**

34112

**Country**

USA

**Zip**

34112

**Country**

USA

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

6-12-2004

**5. FEI Number**

65-1192558

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

04

**7. Name and Address of Current Registered Agent**

**Name**

Socorro M. White Way

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

2265 Queens Way

**Suite, Apt. #, Etc.**

**City**

Naples

**State**

FL

**Zip Code**

34112

700041129947  
09/17/04--01082--008 \*\*150.00

**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**

*Socorro M. White*

REGISTERED AGENT MUST SIGN

**Date** 8-30-04

**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
PL/HD	Socorro M. White Way	2265 QUEENS WAY	NAPLES, FL 34112
VP	Arturo Gonzalez	2265 QUEENS WAY	NAPLES, FL 34112

**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:**

*Socorro M. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-04

Date

Daytime Phone #

CR2E081 (01/04)

20fz

Services of Naples, Inc.  
2265 Queens Way  
Naples, FL 34112

August 30<sup>th</sup>, 2004

Dept of State  
Division of Corp  
PO Box 6327  
Tallahassee, FL 32314

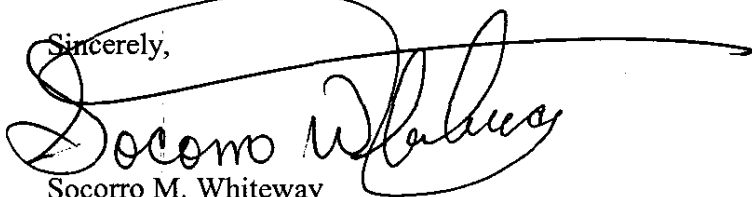
**RE: Corporation admin dissolution for annual report**

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non-filing of UBR. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address is stated incorrectly on your records. Our address is 2265 Queens Way Naples, FL 34112-5425.

We are enclosing a check in the amount of \$150.00, fee for 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,



Socorro M. Whiteway  
President  
Services of Naples, Inc.