

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000109349

1. Entity Name
OAK TREE, OF S.W. FLORIDA INC.



Principal Place of Business
JOSEPH S. GALLO
301 N AIRPORT RD
NAPLES, FL 34104-3533

Mailing Address
JOSEPH S. GALLO
301 N AIRPORT RD
NAPLES, FL 34104-3533

06 JAN -3 PM 2:20

SECRET
TALLAHASSEE, FLORIDA

0506



2. Principal Place of Business

3. Mailing Address

9202 Vanderbilt Dr.

SAME AS Box "2"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

352212005 REIN-P CR2E098 (6/04)

City & State

NAPLES, FLA

City & State

4. FEI Number

352232669

Applied For

Not Applicable

Zip

34108

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLO, JOSEPH S
301 N AIRPORT RD
NAPLES, FL 34104-3533

7. Name and Address of New Registered Agent

Name

JOSEPH S GALLO

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

9202 VANDERBILT DR.

City

NAPLES, FLA.

FL

Zip Code

34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GALLO, JOSEPH S
STREET ADDRESS 301 N AIRPORT RD
CITY-ST-ZIP NAPLES, FL 341043533 ☐ Delete

TITLE D
NAME JOSEPH S GALLO
STREET ADDRESS 9202 VANDERBILT DR.
CITY-ST-ZIP NAPLES, FLA. 34108 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V.P.
NAME MAUREEN O. GALLO
STREET ADDRESS 9202 VANDERBILT DR
CITY-ST-ZIP NAPLES, FLA. 34108 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph S Gallo JOSEPH S GALLO

12/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #

December 27, 2005

2 of 2

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

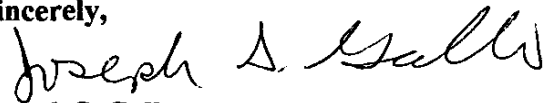
Joseph S. Gallo & Maureen O. Gallo
D.B.A. Oak Tree of S.W. Florida, Inc.
9202 Vanderbilt Drive
Naples, FL 34108

To whom it may concern,

I am writing to request reinstatement of my Corporation, Oak Tree of S.W. Florida, Inc., since I did not receive notification for the 2005 fees. Because of this, I respectfully ask that you waive any late fees.

Please note on the reinstatement form, I am also adding my spouse, Maureen O. Gallo, to be named Vice President.

Sincerely,


Joseph S. Gallo

Enclosures:

2005 For Profit Corporation Reinstatement – Doc# P04000109349

Bank Check for \$300.00 for 2005 and 2006 Fees