

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 25 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000144442

1. Corporation Name

Norcon of Southwest Florida, Inc.

2. Principal Office Address - No P.O. Box #  
4875 Pelican Colony Blvd.

3. Mailing Office Address  
4875 Pelican Colony Blvd.

Suite, Apt. #, etc.  
Suite 904

Suite, Apt. #, etc.  
Suite 904

City & State  
Bonita Springs, Florida

City & State  
Bonita Springs, Florida

Zip Country  
34134 USA

Zip Country  
34134 USA

4. Date Incorporated or Qualified  
To Do Business in Florida October 18, 2004

5. FEI Number  
20-1885736

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  
HL Statutory Agent, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
3301 Bonita Beach Road

Suite, Apt. #, Etc.  
Suite 308

City  
Bonita Springs

State Zip Code  
FL 34134

☒ 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

*Jeffrey M. Folkman, V.P.*

Jeffrey M. Folkman, Vice President  
HL Statutory Agent, Inc.

Date January 24, 2007

REGISTERED AGENT MUST SIGN

**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
P/D	Norman J. Kotoch	4875 Pelican Colony Blvd., Suite 904	Bonita Springs, Florida 34134
S/T/D	Constance Kotoch	4875 Pelican Colony Blvd., Suite 904	Bonita Springs, Florida 34134

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:

*Norman J. Kotoch*

Norman J. Kotoch

January 24, 2007 239/498-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JAN 25 2007

zafz



Jeffrey M. Folkman

Direct Phone: 239.949.6981

Fax: 239.254.2940

Email: jmfolkman@hahnlaw.com

January 24, 2007

**VIA FEDERAL EXPRESS**

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

**Re: Norcon of Southwest Florida, Inc.**

Gentlemen:

On behalf of Norcon of Southwest Florida, Inc., I enclose a Corporation Reinstatement form along with the check made payable to the Florida Department of State in the amount of \$450.00 to cover the applicable filing fee. Please note that the form indicates that the Corporation did not receive prior notices regarding the necessity of filing an annual report. Accordingly, on behalf of the Corporation, I request that the reinstatement fee be waived.

Thank you for your time and consideration in this matter.

Very truly yours,

Jeffrey M. Folkman

/kab  
Enclosures

cc: Mr. Norman J. Kotoch, President

CLE - 989774.1