

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 10 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000067775

1. Corporation Name

BLUE MARLIN OF NAPLES, INC.

Principal Place of Business

Mailing Address

~~3701 Tamiami Trail N.~~
Naples, FL 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

512 Fourth Ave. S.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3811 Enterprise Ave.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34102

Country

U.S.A.

City & State

NAPLES, FLORIDA

Zip

34109

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9-12-94

5. FEI Number

65-0530425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V. Pass., D	Douglas M. Grant	3811 Enterprise Ave.	Naples, FL 34103
PRESIDENT, DR	MIL0 D. HARRISON	817 WYNDEMERE WAY	NAPLES, FL. 34105
			400003170484--0 -03/15/00--01013--027 ***165/500-00-165/000 61.25-AR 88.75-AR SUPP

8. Name and Address of Current Registered Agent

Douglas M. Grant
3701-Tamiami-Trail-N.
Naples FL 34103

9. Name and Address of New Registered Agent

Name
Leo J. Salvatori^c
Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail N.
Suite, Apt. #, Etc.
Suite 300
City
Naples
State
FL
Zip Code
34103

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Leo J. Salvatori, as President

Date
March /, 2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 2000

Date

Daytime Phone #

MIL0 D. HARRISON - PRESIDENT

CR2E061 (12/98)