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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 MAR -3 PM 2: 18

Head Instructions on Other Side Before Making Entries.
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000012763

4000 IMMOKALEE CORP.
4000 IMMOKALEE ROAD
NAPLES, FL 34110

2. If Address in Florida, enter the correct address below:

Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
City and State Zip Code

REINSTATEMENT

97-98
aw

4. Date Incorporated or Qualified To Do Business In Florida. February 15, 1995

5. FEI Number

X FEI Number Applied For
FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED []

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DORAN, DONALD and BIGGS, HERBERT W.

100002451851--5
-03/10/98-01033-004
***900.00 ***900.00

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State Zip

8. Name and Address of Current Registered Agent

GARY K. WILSON
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103

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

Signature of Registered Agent

[Signature]

Date 3/2/98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [] (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

[Signature] HERBERT W. BIGGS

Date 3/2/98

Daytime Phone # 941-592-0002

CR2E040 (8/92)