

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000058545

1. Corporation Name

CASA NAPLES, INC.

Principal Place of Business

Mailing Address

3508 Donoso Court  
Naples, FL 34109P.O. Box 110032  
Naples, FL 34108

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/95

5. FEI Number

65-0660756

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
PD	Vogl, Luis	3508 Donoso Court	Naples, Florida 34109
VSD	Vogl, Annelie	3508 Donoso Court	Naples, Florida 34109
T	Marsland, William W.	163 Palm River Blvd.	Naples, Florida 34110
			9000003280429--7 -06/07/00--01094--009 ***1050.00 ***1050.00
			LS

8. Name and Address of Current Registered Agent

Dolly Cohan  
777 Lantana Road  
Lantana, FL 33462

9. Name and Address of New Registered Agent

Name

William W. Marsland

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

163 Palm River Boulevard

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34110-5707

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

REGISTERED AGENT MUST SIGN

Date 5-10-00

11. 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.)

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:

William W. Marsland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00

Date

941-597-5973

Daytime Phone #