

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC -1 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084466

1. Corporation Name

INKA NAPLES CORPORATION

Principal Place of Business

Mailing Address

11305 LONGSHORE WAY EAST  
NAPLES FL 33999

11305 LONGSHORE WAY EAST  
NAPLES FL 33999

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 & State

City & State

Zip

Country

Zip

Country

5117 Castello Dr  
Suite 1  
Naples, FL  
34103  
Collier

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1995

5. FEI Number 65-0746968

Applied For

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
PTD	LINNEPE, KARL	11305 LONGSHORE WAY EAST	NAPLES FL 33999
VSD	LINNEPE, INGRID	11305 LONGSHORE WAY EAST	NAPLES FL 33999

300002368773--1  
-12/10/97--01111--003  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

AMBURN, JAMES W.  
5121 CASTELLO DR. SUITE #2  
NAPLES FL 33940

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

Date 11/20/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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.

KARL LINNEPE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV. 10. 97 011 49 234 -

Park North Suite 1  
5117 Castello Drive  
Naples Florida 34103  
941/649-1152

2

**Euro-American Financial Services, Inc.**

November 17, 1997

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

RE: Inka Naples Corporation

Dear Sirs:

Enclosed please find the 1997 Annual Report for Inka Naples Corporation. We are also enclosing a check in the amount of \$165.00 and requesting penalties be waived this year as the annual report was not received and the reinstatement was forwarded to a German address.

Thank you for your consideration.

Sincerely,



Karey Hensley