

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

98 DEC 14 PM 3:34

DOCUMENT # P95000092758

1. Corporation Name

BETTYE J. MATTHEWS, CPA, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
 4501 TAMiami TRAIL NORTH
 SUITE 212
 NAPLES FL 33940
 US

Mailing Address
 4501 TAMiami TRAIL NORTH
 SUITE 212
 NAPLES FL 33940
 US

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

2. New Principal Office Address, if Applicable
 4700 N. TAMiami TR
 Suite, Apt. #, etc. #1
 City & State NAPLES FL
 Zip FL 34103 Country USA

3. New Mailing Office Address, if Applicable
 4700 N. TAMiami TR
 Suite, Apt. #, etc. #1
 City & State NAPLES FL
 Zip 34103 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
 12/04/1995

5. FEI Number
 65-0630265

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
D	MATTHEWS, BETTYE J	4501 TAMiami TRAIL NORTH	NAPLES FL

000002722570--5
 -12/24/98--01096--015
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTHEWS, BETTYE J
 4885 SHEARWATER LANE
 NAPLES FL 33999

Name
 Bettye J. MATTHEWS
 Street Address (P.O. Box Number is Not Acceptable)
 186 VIA PERIGNON
 Suite, Apt. #, Etc.
 City NAPLES
 State FL Zip Code 34119

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 REQUIRED

Date 12/11/98

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)(f), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettye J. MATTHEWS

Date

Daytime Phone #

12/11/98 941 403-0605

CR25040 (9/98)