

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAY -7 AM 8:15

DOCUMENT # P96000001589

1. Corporation Name

FADDEN, INC.

Principal Place of Business

2383 DAVIS BLVD
NAPLES FL 34104

Mailing Address

2383 DAVIS BLVD
NAPLES FL 34104

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

[Handwritten signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

12/31/1995

5. FEI Number

65-0651615

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	FADDEN, MARK	4909 19TH AVE SW	NAPLES FL 34116
V	FADDEN, J G	4909 19TH AVE SW	NAPLES FL 34116
S	FADDEN, ERIC	720 WILSON BLVD	NAPLES FL 34128

100002874451--3
-05/13/99--01108--012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

FADDEN, MARK V
2309 DAVIS BLVD
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date: 20 APRIL 99

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.

SIGNATURE:

[Handwritten signature]

J.G. FADDEN 20 APR 99 941 774 7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (9/96)