


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066294

1. Corporation Name

NAPLES ABACUS, INC.

Principal Place of Business

1530 IMPERIAL GOLF COURSE BLVD.
#321
NAPLES FL 34110

Mailing Address

1530 IMPERIAL GOLF COURSE BLVD.
#321
NAPLES FL 34110

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

FILED
01 AUG 16 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

08/06/1996

5. FEI Number

59-3413822

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	4 City / State / Zip
D	WINKELMANN, ANDREA G	1530 IMPERIAL GOLF COURSE BLVD.,	NAPLES FL 34110

200004586152--1
09/12/01-01056-020
***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **SHELDON W. STARMAN**
Street Address (P.O. Box Number is Not Acceptable)
4099 TAMiami TRAIL NORTH
Suite, Apt. #, Etc.
SUITE 400
City **NAPLES** State **FL** Zip Code **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

Sheldon W. Starman
REGISTERED AGENT MUST SIGN

Date 1/12/2001

11. 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:

Sheldon W. Starman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-01

Date

Daytime Phone #

CR20040 (8/00)