APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 22 PM 12:25

DOCUMENT # P96000067025

1. Corporation Name

RAK Associates of Southwest Florida, Inc.

W99-25948

Principal Place of Business / Mailing Address

211 Via Napoli, Naples, FL 34105

REINSTATEMENT 98-99

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
4339 9th St. North	4339 9th St. North
Suite, Apt. #, etc. c/o The Bagel Place	Suite, Apt. #, etc. c/o The Bagel Place
City & State Naples, FL 34103	City & State Naples, FL 34103
Zip / Country	Zip / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/12/96

5. FEI Number: 65-0689312 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D,P,S VP, T	Stacey Klein	4339 9th St. North	Naples FL 34103
			800003059048--5 -12/02/99--01062--017 ****750.00 ****750.00
			800003059048--5 -12/02/99--01062--018 ****150.00 ****150.00
			800003059048--5 -12/02/99--01062--019 ******8.25 ******8.25

8. Name and Address of Current Registered Agent

Arlene Klein
211 Via Napoli
Naples, FL 34105

9. Name and Address of New Registered Agent

Name: Robert C. GEbhardt, Esquire
Street Address (P.O. Box Number is Not Acceptable): 5801 Pelican Bay Blvd.
Suite, Apt. #, Etc.: Suite 300
City: Naples State: FL Zip Code: 34108

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 _____
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.

SIGNATURE: _____ Stacey A. Klein 8/8/99 941-262-0019 941-435-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/96)