

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE

00 NOV 17 PM 1:28

DOCUMENT # P97000071083

1. Corporation Name

NAPLES WOMEN'S CENTER, P.A.

Principal Place of Business

Mailing Address

5551 RIDGEWOOD DRIVE SUITE 501  
NAPLES FL 34108

5551 RIDGEWOOD DRIVE SUITE 501  
NAPLES FL 34108



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

840 111th Avenue North

3. New Mailing Office Address, If Applicable

840 111th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34108

Country

Zip

34108

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1997

5. FEI Number

59-3479527

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	DENT, MICHAEL T	5551 RIDGEWOOD DRIVE SUITE 501 840 111th Avenue North	NAPLES FL 34108 Naples, FL 34108

600003488146--0  
-12/05/00--01101--006  
\*\*\*\*750.00 \*\*\*\*750.00

89/12/1

8. Name and Address of Current Registered Agent

BRADLEY, TODD L  
5551 RIDGEWOOD DRIVE SUITE 501  
NAPLES FL 34108

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/18/00

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/00

Daytime Phone #

941-  
513-1992

CR2E040 (8/00)