

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

P97000077667

1. Corporation Name

Ben Naples Store, Inc.

700003480427--1

-11/30/00--01007--014

****750.00 ****750.00

2. Principal Office Address

26821 South Bay Dr.

3. Mailing Office Address

2660 Airport Rd S.

II Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 114

ATTN: GEORGE VEGA

City & State

City & State

Bonita Springs, FL

Naples, FL

Zip

Country

Zip

Country

34134

USA

34112

USA

REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

9-9-1997

5. FEI Number

65-0823749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John G. Vega

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

2662 Airport Rd South

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34112

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

Nov 9, 2000

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	John G. Vega	2662 Airport Rd S	Naples- FL 34112
T	Denny Phillips	1400 Gulf Shore Blvd	Naples, FL 34102
VP	George Vega	2660 Airport Rd S	Naples, FL 34112
P	Walther Sauerman	3683 Old Cottage Ln.	Bonita Springs, FL
			34134 11/27

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **VS**

Date

11/9/00

Daytime Phone #

732-1350
941-~~455~~

CR2E081 (9/99)