PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

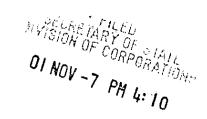
DOCUMENT # **P97000088234**

1. Corporation Name

WHS OF NAPLES, INC.

Drivered Disea of Business

Mailing Addrage



Filincipal F	Jace of Busine	33	mailing rada						
3838 TAMIAMI TRL. N., 2ND FL. Naples Fl 34103				3838 TAMIAMI TRL. N 2ND FL. NAPLES FL 34103			REINSTATEMENT O		
If ahove :	addresses are	incorrect in any way. Ii	ine through incorrect i	nformation and	enter correction below.	REM	STATEMEN		
						Date Incorp To Do Busin	. Date Incorporated or Qualified To Do Business in Florida 10/13/1997		
Suite, Apt. #, etc. Suite,				t. #, etc.		5. FEI Number Applied For			
City & State			City & State	City & State		59-3474777 Not Applicable			
Zip	. 	Country	Zip	O a service of			ATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Office	er and/or Director (Fl	orida nonprofit o	corporations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
DP	WILLIAMS, JERRY J			1625 GORDON DRIVE			NAPLES FL 34102		
DVS	HOLLAND, EARL P			1527 KILBIRNIE DR.		*	FT. MYERS FL 33912		
DTV	SMITH, ROI	BB L		15531 GREENOCK LN.			FT. MYERS FL 33912		
				000004698360- -11/29/010105100			3607		
							****750.00	****750.08	
							K	11/128	
	8. Name and Address of Current Registered A			gent 9. Name s		9. Name and	nd Address of New Registered Agent		
Name						ame			
WILLIAMS, JERRY J 1625 GORDON DRIVE					Street Address (I	Street Address (P.O. Box Number is Not Acceptable)			
	S FL 34102			Suite, Apt. #, Etc.					
					City		Stat FL		
10. I, beir	ng appointed th	ne registered agent of t	the above named corp	poration, am far	niliar with and accept the o	bligations of Sec	tion 607.0505, F.S.		
Signature Registere		Jung	A. Wi				Date		

11. I certify that I am an office 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 filling 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

SIGNATURE:

Jerry J. Williams SIGN TURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

11 - 2 = 01

941-403-5121

Daytime Phone #