

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000088301

1. Corporation Name

NAPLES HEALTH HUT, INC.

Principal Place of Business

2368 IMMOKALEE RD.
NAPLES FL 34110

Mailing Address

2368 IMMOKALEE RD.
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

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1997

5. FEI Number

65-0786706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Annual 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	WEILEY, MICHAEL J	11565 NIGHT HERON DR.	NAPLES FL 34119
D	WEILEY, GINA M	11565 NIGHT HERON DR.	NAPLES FL 34119
			700003069977--4 -12/14/99--01093--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WEILEY, MICHAEL J
11565 NIGHT HERON DR.
NAPLES FL 34119-8861

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

Michael J. Weiley
REGISTERED AGENT MUST SIGN

Date

Dec 15 1999

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:

Michael J. Weiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 15 1999 941596-3000
Daytime Phone #

FILED

99 DEC -3 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/99)