

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -9 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010772

1. Corporation Name

THE GROUP OF NAPLES, INC.

Principal Place of Business

5415 JAEGER RD.  
NAPLES FL 34109

Mailing Address

5415 JAEGER RD.  
NAPLES FL 34109

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

69-3550960

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SOLDAVINI, BRIGID	5415 JAEGER RD.	NAPLES FL 34109
D	MORROW, GUY P	7654 PEBBLE CREEK CIR. #304	NAPLES FL 34108
D	GRIFFIN, ELIZABETH V	7709 PEBBLE CREEK CIR. #301	NAPLES FL 34108

500003070565-6  
-12/15/99--01019--010  
\*\*\*150.00 \*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLDAVINI, BRIGID  
5415 JAEGER RD.  
NAPLES FL 34109

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT REMOVE**

**Soldavini Accounting, P.A.**

5455 Jaeger Road  
Naples, Florida 34109  
Office: (941) 591-4747 • Fax: (941) 591-2991

②

November 1, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Annual Report  
The Group of Naples Inc.

Dear Division of Corporations:

Enclosed please find the annual report and payment of the annual fee of \$150.00 for the above referenced corporation. The original report was sent to the wrong address and was never received by the officer of the corporation and therefore the fee was not paid timely.

Thanking you in advance for your cooperation.

Sincerely,

*Caprecia Turner*

Caprecia Turner  
Soldavini Accounting P.A.