

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000017244

1. Corporation Name

FIRST NATIONAL INVESTMENT SERVICES COMPANY

Principal Place of Business

Mailing Address

2911 TAMiami TRAIL  
NAPLES FL 34103

2911 TAMiami TRAIL  
NAPLES FL 34103

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

2. New Principal Office Address, If Applicable  
2150 Goodlette Road N.

Suite, Apt. #, etc.  
7th Floor

City & State  
Naples, FL 34102

Zip  
34102

Country  
USA

3. New Mailing Office Address, If Applicable  
2150 Goodlette Road N.

Suite, Apt. #, etc.  
7th Floor

City & State  
Naples, FL 34102

Zip  
34102

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1998

5. FEI Number

59-3509285

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>RICHTER, GARRETT</del>	<del>2150 GOODLETTERD</del>	<del>NAPLES FL 34102</del>
PD	RICHTER, GARRETT	2150 GOODLETTERD	NAPLES FL 34102
D	COGHILL, C. C.	2150 GOODLETTERD	NAPLES FL 34102
<del>S</del>	<del>WARD, DARRELL</del>	<del>2911 TAMiami TRAIL</del>	<del>NAPLES FL 34103</del>
D	Kevin C. Hale	2150 Goodlette Rd.	Naples, FL 34102

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHTER, GARRETT S  
2911 TAMiami TRAIL  
NAPLES FL 34103

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 October 18, 2001

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:

October 18, 2001

(941) 435-7606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #