

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000024842

1. Corporation Name

NIGHT STALKER RECOVERY, INC.

Principal Place of Business

7400 SAMVILLE RD
NORTH FT MYERS FL 33917

Mailing Address

7400 SAMVILLE RD
NORTH FT MYERS FL 33917

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

03/17/1998

5. FEI Number

65-0827727

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addition of 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	BERTI, REYNOLD F II	30 HARDEE ST	LABELLE FL 33935
D	Berti, Reynold F. 11	7400 Samville Raod	No. Ft. Myers, Fl. 33917

500003079235--7
-12/23/99--01050--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

ROWLEE, WAYNE E
30 HARDEE ST
LABELLE FL 33935

DECEASED

9. Name and Address of New Registered Agent

Name

Berti, Reynold F. 11

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

7400 Samville Road

Suite, Apt. #, Etc.

No. Ft. Myers, Fl. 33917

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

REGISTERED AGENT MUST SIGN

Date

12/7/99

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 #

KE

CR25040 (8-99)