

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000032223

1. Corporation Name

NAPLES BUSINESS CENTER, INC.

Principal Place of Business

Mailing Address

2338 IMMOKALEE ROAD
~~SUITE 101~~
NAPLES FL 34110

2338 IMMOKALEE ROAD
~~SUITE 101~~
NAPLES FL 34110



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

2338 Immokalee Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2338 Immokalee Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1998

5. FEI Number

65-0850228

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Naples FL

City & State

Naples, FL

Zip

34110

Country

Zip

34110

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WARR, JONATHAN	15638 WHITNEY LN	NAPLES FL 34110
VP	St. Amand, John	720 15 th St. NW	Naples, FL 34120
S/R	St. Amand, Nancy	720 15 th St. NW	Naples, FL 34120

100003457601--6
-11/08/00--01076--016
***750.00 ***750.00

8. Name and Address of Current Registered Agent

RAPID USA VISAS, INC.
11983 TAMiami TRAIL
SUITE 100
NAPLES FL 34110

9. Name and Address of New Registered Agent

Name John St. Amand
Street Address (P.O. Box Number is Not Acceptable)
720 15th St. NW
Suite, Apt. #, Etc.

City Naples

State FL

Zip Code 34120

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 10/19/00

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.

KE

SIGNATURE:

John St. Amand

Nancy St. Amand

10/19/00 941-591-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #