


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 PM 3:45

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000044212

1. Corporation Name
M OF NAPLES, INC.

2. Principal Office Address 5515 TAMIAMI TR N #705 Suite, Apt. #, etc. #705 City & State NAPLES, FL 34108 Zip 34108		3. Mailing Office Address 5515 TAMIAMI TR N Suite, Apt. #, etc. #705 City & State NAPLES, FL 34108 Zip 34108	
Country USA		Country USA	

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 5/15/98

5. FEI Number 65-0841146 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARIE HEILAND

Street Address (P.O. Box Number is Not Acceptable)
5515 TAMIAMI TR N

Suite, Apt. #, Etc.
#705

City
NAPLES

State
FL

Zip Code
34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Marie Heiland* *Marie Heiland* Date *9-19-01*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	MARIE HEILAND	5515 TAMIAMI TR N #705	NAPLES, FL 34108

JB 9/20

10. 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: *Marie Heiland* *MARIE HEILAND* *9-19-01* *848*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #