

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 FEB 11 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046945

1. Corporation Name

SOUTHERN NIGHTS BOOKKEEPING & BUSINESS SERVICES  
, INC.

Principal Place of Business

6920 AMITY ROAD  
NAPLES FL 34114

Mailing Address

P.O. BOX 9453  
NAPLES FL 34101

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

05/26/1998

5. FEI Number

65-0845186

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D.P., S.T.M	ISON, PATRICIA	6920 AMITY ROAD	NAPLES FL 34114

8. Name and Address of Current Registered Agent

FRANK, ANN T  
2124 AIRPORT ROAD SOUTH, STE. 102  
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name Patricia A. Ison  
Street Address (P.O. Box Number is Not Acceptable)  
6920 Amity Road  
Suite, Apt. #, Etc.  
City Naples  
State FL Zip Code 34114

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

*Patricia A. Ison*  
REGISTERED AGENT MUST SIGN

Date 1-26-00

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.

SIGNATURE:

*Patricia A. Ison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00  
Date

941-566-7722  
Daytime Phone # EXT. 211