



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address

5401 MAHOGANY RIDGE DRIVE
NAPLES FL 34119

[illegible]

REINSTATEMENT 2000

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1998

Suite, Apt. #, etc. 101 - A Century Rd

City & State Naples FL

Zip 34110

Country US

Zip 34110

Country US

5. FEI Number

65-0852161

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)

| 1 | 2 | 3 | 4 |
|----------|-----------------------------------|--|--|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| D | GENTRY, LISA | 5401 MAHOGANY RIDGE DRIVE | NAPLES FL 34119 |
| | | | |
| | | | 300003511203--3 -12/22/00--01020--010 |
| | | | ****750.00 ****750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAGA, ANTONIO ESQ.
375 12TH AVE., SOUTH
NAPLES FL 34102

Name _____

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

Suite, Apt. #, Etc.

City

State
FILE

| |
|----------|
| 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 [Signature]

Date _____

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #