


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



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

FILED  
00 MAR 10 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069483

1. Corporation Name  
NAPLES SUN INVESTMENTS, INC.

2. Principal Office Address 241 14th Avenue South Suite, Apt. #, etc.		3. Mailing Office Address 241 14th Avenue South Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34102	Country USA

REINSTATEMENT

99-100

4. Date Incorporated or Qualified To Do Business in Florida  
08/04/98

5. FEI Number  
65-0935295

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  
David N. Sexton / Bond, Schoeneck & King, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
4001 Tamiami Trail North

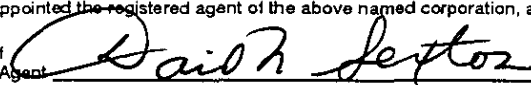
Suite, Apt. #, Etc.  
Suite 404

City  
Naples

State  
FL

Zip Code  
34103

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  Date 03/07/00

REGISTERED AGENT MUST SIGN

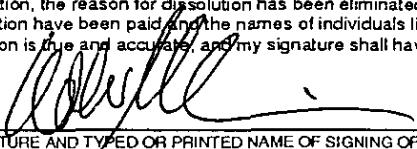
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Walter Cullmann	241 14th Avenue South	Naples, FL 34102

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\*\*\*\*908.75 \*\*\*\*908.75

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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:  03/07/00 (941) 434-0782

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