

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000100210**

1. Corporation Name

Native Sun Pools of Naples, Inc.

2. Principal Office Address

2630 8th Ave SE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34117

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/25/98

5. FEI Number

59-3434802

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

Thomas McGee

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

2630 8th Ave SE

Suite, Apt. #, Etc.

City

Naples, FL 34117

State

FL

Zip Code

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

Thomas McGee

Date

8/18/03

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
Pres.	Thomas McGee	2630 8th Ave SE	Naples, FL 34117

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:

Thomas McGee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/18/03

Daytime Phone #

FILED
03 AUG 25 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-03

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08/25/03--01101--014 **450.00

CR2E081 (10/02)

Brigid D. Soldavini CPA, P.A.

5455 Jaeger Road
Naples, FL 34109
OFFICE 239-591-4747 • FAX 239-591-2991

August 18, 2003

To: Division of Corporations

P.O. Box 1500

Tallahassee, Fl.

Re: Native Sun Pools of Naples, Inc

Document # P98000100210

Uniform Business Report

To Whom It May Concern:

This letter is on behalf of Native Sun Pools of Naples, Inc., Registered Agent and President, Thomas McGee.

While in the process of filing certain documents, which required the State Document number for the corporation, Mr. McGee discovered that the status of his corporation was inactive.

In 2001 the company relocated their office; so the original report was never received. Mr. McGee was not aware of the importance of filing the UBR; therefore he never questioned the fact that he did not receive the form.

We have enclosed a form along with a check for \$450.00 to bring the filing current. Please accept our request to abate the penalty that has occurred and reinstate the corporation.

Thank you in advance for your co-operation in this matter.

Sincerely,

Sandra Miller

Brigid D. Soldavini, CPA P.A.

A Full Service Accounting Firm