

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 11:24

DOCUMENT # P99000010737

1. Corporation Name

IMMOKALEE ROAD INC.

2. Principal Office Address

2375 TAMiami TRAIL North

Suite, Apt. #, etc.

208C

City & State

NAPLES, FLA

Zip

34103

Country

USA

3. Mailing Office Address

2375 TAMiami TRAIL North

Suite, Apt. #, etc.

208C

City & State

NAPLES, FLA

Zip

34103

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/99

5. FEI Number

65-0891129

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

JACK CRIFASI

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

2375 TAMiami TRAIL North

Suite, Apt. #, Etc.

208C

City

NAPLES

201-25-AR
10-00 ARAR
88-75 ARSU
8-75-Cent
90001043425
-06/05/01-01099-020
***2308.75 ***308.75

State

FL

Zip

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/9/2001

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
P/D	JAMES DEAGLE	425 DOCKSIDE DRIVE #801	NAPLES, FLA 34110
S+T/D	JAMES WALTON	6825 GRENADIER BLVD #2205	NAPLES, FLA. 34108
D	DAVID ZALLAWTA	4601 GULF SHORE BLVD North	NAPLES, FLA 34102
D	GEORE SIMONETTI	28772 CARMEL WAY	BONITA SPRINGS, FLA 34134
D	JACK CRIFASI	2375 TAMiami TRAIL North #208C	NAPLES, FLA 34103

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK CRIFASI - Director

Date

5/9/2001

Daytime Phone #

941-594-7000