

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 16 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 699 000010737

**1. Corporation Name**

IMMOKALEE ROAD, INC.

300009824693  
01/06/03--01001--016 \*\*750.00

**2. Principal Office Address**

11983 NORTH TAMiami TRAIL

Suite, Apt. #, etc.

#100

City & State

NAPLES, FLORIDA

Zip

34110

Country

US

**3. Mailing Office Address**

11983 NORTH TAMiami TRAIL

Suite, Apt. #, etc.

#100

City & State

NAPLES, FLORIDA

Zip

34110

Country

US

REINSTATEMENT 02

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

**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

JOHN PAULICH, III

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

801 ANCHOR RODE DRIVE

Suite, Apt. #, Etc.

SUITE 203

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

REGISTERED AGENT MUST SIGN

Date 12-13-02

**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
PD	DEAGLE, JAMES	425 DOCKSIDE DRIVE #801	NAPLES, FLORIDA 34110
STD	HOVLAND, STEVEN T.	11983 N. TAMiami TRAIL, #100	NAPLES, FLORIDA 34110
D	JOHNS, RANDY	1786 TRADE CENTER WAY	NAPLES, FLORIDA 34109

**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

Date

Daytime Phone #

12/12/02 239 594-7777

CR2E081 (9/01)