

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 18 AM 9:07

DOCUMENT # P99000032355

1. Corporation Name

E \* NAPLES, INC.

Principal Place of Business

Mailing Address

5021 Hickory Wood Drive

P. O. BOX 1354

Naples, FL 34119

Naples, FL

34106

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

2. New Principal Office Address, If Applicable

5021 Hickory Wood Drive

3. New Mailing Office Address, If Applicable

P. O. BOX 1354

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

USA

Zip

34106

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

April 5, 1999

5. FEI Number

59-3582162

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	David B. Stedman	5021 Hickory Wood Drive	Naples, FL 34119
CEO	Daniel Landrum	5555 Taylor Road #B	Naples, FL 34109

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-09/25/01--01082--004  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

David B. Stedman

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

5021 Hickory Wood Drive

Suite, Apt. #, Etc.

N/A

City

Naples

State

FL

Zip Code

34119

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

*David B. Stedman*

REGISTERED AGENT MUST SIGN

Date September 11, 2001

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*David B. Stedman*

David B. Stedman 9/11/01 941 263-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #