

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

FILED

01 JAN -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057359

1. Corporation Name

EMERSON DOS SANTOS, INC.

Principal Place of Business

245 MANOR BLVD.
SUITE 1814
NAPLES FL 34104

Mailing Address

245 MANOR BLVD.
SUITE 1814
NAPLES FL 34104

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

✓ 7710 TARA CIRC #106

City & State

✓ NAPLES, FL

Zip

✓ 34104

Country

✓ COLLIER

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

✓ 7710 TARA CIRC. #106

City & State

✓ NAPLES, FL

Zip

✓ 34104

Country

✓ COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1999

5. FEI Number

65-0933054

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SANTOS, EMERSON DOS	245 MANOR BLVD., #1814	NAPLES FL 34104

200003535292--9
-01/12/01--01024--006
*****300.00 *****300.00

00-01482 78

8. Name and Address of Current Registered Agent

SANTOS, EMERSON DOS
245 MANOR BLVD.
SUITE 1814
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name

EMERSON DOS SANTOS

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

✓ 7710 TARA CIRC. #106

Suite, Apt. #, Etc.

✓ #106

City

✓ NAPLES, FL

State

FL

Zip Code

34104

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-03-01

11. 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

01-03-01

Date

(941) 272-0240

Daytime Phone #

CR20040 (8/00)

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I receive a letter from you telling me that my corporation was on dissolution, cause I didn't file the 2000 corporation annual report/uniform business report, but I didn't receive that form, so I'm sending now the check for the 2000, and the 2001.

Thank you. Emerson dos Santos, Inc.