


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
00 OCT 25 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000090374

1. Corporation Name Naples Beefs, Inc.

2. Principal Office Address
4085 Hancock Bridge Pkwy.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

City & State

City & State

North Ft. Myers, FL

Zip

Country

Zip

Country

33903

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-13-99

5. FEI Number

65-1012024

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 A. Martinez

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

11100 Harbour Yacht Ct.

Suite, Apt. #, Etc.

44 D

City

Ft. Myers

State

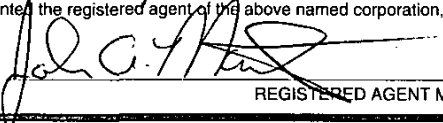
FL

Zip Code

33908

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



Date 10-24-00

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
P/D	David Bennett	11260 JACANA Ct. 2007 440	Ft. Myers, FL 33908
S/D	John A. Martinez	11100 Harbour Yacht Ct.	Ft. Myers, FL 33908
D	William Martinez	107 Hickory Creek Blvd.	Brandon, FL 33511

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



DAVID C. BENNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00

Date

352-262-2666

Daytime Phone #

CP2E081 (9/99)