

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 16 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092441

1. Corporation Name

Southwest Enterprises of Naples, Inc.

Principal Place of Business

Mailing Address

1842 40th Terr. SW #6
Naples, FL 34116

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

2. New Principal Office Address, If Applicable

1842 40th Terr. SW #6

Suite, Apt. #, etc.

Suite 6

City & State

Naples, FL

Zip 34116

Country

U.S.

3. New Mailing Office Address, If Applicable

1842 40th Terr. SW

Suite, Apt. #, etc.

Suite 6

City & State

Naples, FL

Zip 34116

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10-18-99

5. FEI Number

59-3602631

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.	Gary L. Stone	2335 Wilson Blvd. N	Naples, FL 34120
			100003441441--6
			-10/27/00--01004--021
			****758.75 ****758.75

REINSTATEMENT

00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dian Edwards
1842 40th Terr SW #6
Naples, FL 34116

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/10/00

11. This corporation owes 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:

[Signature] GARY L. STONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

941/354-0600

Daytime Phone #

CP2E081 (1/2/98)