

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000094070

**1. Corporation Name**

Naples/Dallas Venture, Inc.

**2. Principal Office Address**

5150 TAMiami TRAIL N.

Suite, Apt. #, etc.

503

City & State

NAPLES, FL

Zip

34103

Country

USA

**3. Mailing Office Address**

5150 TAMiami TRAIL N.

Suite, Apt. #, etc.

503

City & State

NAPLES, FL

Zip

34103

Country

USA

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

10-25-99

**5. FEI Number**

59-3608072

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

BRIAN J. KLAAS

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

4845 MARTINIQUE WAY

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

100013699401

03/07/03--01082--006 \*\*300.00

**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

BRIAN J. KLAAS, Registered Agent

Date 2-24-03

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
S, T, D	KLAAS, RICHARD L.	3377 GUIP Shore Blvd. N. #82 NAPLES, FL 34103	NAPLES, FL 34103
P, D	KLAAS, BRIAN J.	4845 MARTINIQUE Way	NAPLES, FL 34109
VP, D	KLAAS, RALPH B.	4888 San Pablo Ct.	NAPLES, FL 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

BRIAN J. KLAAS, President

2-24-03

Date

239 643 2525

Daytime Phone #

gt 510

**Naples/Dallas Venture, Inc.**  
**5150 Tamiami Trail North, Suite 503**  
**Naples, FL 34103**

**Telephone 239.643.2525**

**February 24, 2003**

**Facsimile 239.643.7878**

**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**Dear Division of Corporations,**

**RE: Reinstatement of Naples/Dallas Venture, Inc.**

I spoke with an examiner at the Division of Corporations about reinstatement of Naples/Dallas Venture, Inc. We have not received the notices for 2002 or 2003. I was told to fill out a reinstatement form (enclosed) and send a check in the amount of \$300. I was told that this would cover years 2002 and 2003, as well as put us back in good standing. I appreciate your attention to this matter.

**Best regards,**



**Brian J. Klaas**  
**President**  
**Naples/Dallas Venture, Inc.**

**Enclosure (1)**