

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
H. B. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102931

1. Corporation Name

ELISE DESIGNS OF NAPLES, INC.

Principal Place of Business

Mailing Address

4402 NOVATO COURT
NAPLES FL 34109

4402 NOVATO COURT
NAPLES FL 34109

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

844 Anchor Road Dr.

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34103

Collier

5. FEI Number

59-3612819

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SIMMS, CARRIE E	4402 NOVATO COURT	NAPLES FL 34109
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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]

Date

10/26/00

REGISTERED AGENT MUST SIGN

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/00

Daytime Phone #

941-513-0033

ELISE DESIGNS

2062

Carrie E. Simms

Vice President

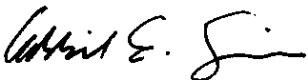
October 27, 2000

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

To Whom It May Concern:

I have received a letter stating that my corporation has been dissolved due to delinquency in filing its 2000 corporation annual report / uniform business report. I did not receive the report and I was not made aware of the fact that it needed to be mailed in by our attorney or accountant. I applied for incorporation in November of 1999; therefore, I am new to the requirements of incorporation. I have been instructed by Michelle in your office (850-487-6059) to enclose a check for \$ 150.00 to reinstate our corporation. Please call me if you have any further questions.

Thank you,



Carrie E. Simms

Enclosures

4402 Novato Court

Naples, Florida 34109

Phone 941.513.0033 & Fax 941.513.0044