

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

*Baldia*

DOCUMENT # P99000108235

1. Corporation Name

NAPLES INFUSION SERVICES, INC.

00 OCT 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

733 E. VALLEY DR.  
BONITA SPRINGS FL 33134

733 E. VALLEY DR.  
BONITA SPRINGS FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1999

5. FEI Number

65-0972143

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
D	BALDIA, MAUREEN	733 E. VALLEY DR.	BONITA SPRINGS FL 33134
D	BALDIA, JONATHAN	733 E. VALLEY DR.	BONITA SPRINGS FL 33134
			400003458034--6 -11/09/00-01017-005 *****150.00 *****150.00
			400003458034--6 -11/09/00-01017-006 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINTER, MICHAEL R ESQ.  
4328 CORPORATE SQUARE, SUITE C  
NAPLES FL 34104

Name JONATHAN BALDIA  
Street Address (P.O. Box Number is Not Acceptable)  
733 E. Valley Drive  
Suite, Apt. #, Etc.  
City Bonita Springs State FL Zip Code 34134

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

*Jonathan Baldia*  
REGISTERED AGENT MUST SIGN

Date 10-13-00

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:

*Jonathan Baldia* / JONATHAN BALDIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

941-947  
4888  
Daytime Phone #

CR2E040 (8/00)

10-13-00

galt

To whom it may concern

I have not received any paperwork regarding the annual report. It is very unfortunate that I have to find it from the Collier County Government that my company has been dissolved. I have checked with Michael Pinter Esq (Registered agent) and he said that he never received it. Initially we requested to have the corporation to be filed after year 1999 so that we don't need to file for annual report for 1999. I have <sup>NOT</sup> DONE ANY BUSINESS YET SINCE THE Application of corporation. I AM REQUESTING to please waived fees for REINSTATEMENT. I feel that I would file on time if I was properly notified by state and our wishes to be incorporated in year 2000. THANK YOU VERY MUCH FOR YOUR consideration.

Sincerely yours,  
Jonathan Bald