

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111078

1. Corporation Name

NAPLES' NATURAL GAS COMPANY

Principal Place of Business Mailing Address

P.O. BOX 8025  
NAPLES FL 34101

P.O. BOX 8025  
NAPLES FL 34101

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



REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2000

5. FEI Number

65-0971236

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	FURTADO, MICHAEL	P.O. BOX 8025	NAPLES FL 34101
			300024179023 10/27/03--01118-013 **150.00

8. Name and Address of Current Registered Agent

SIESKY, JAMES H  
1000 N. TAMiami TRAIL  
SUITE 201  
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL Zip Code

CR2040 (7/03)

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

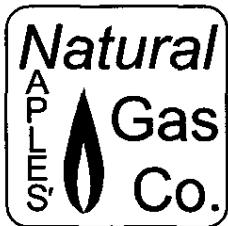
10/22/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03 (239)232-6123  
Date Daytime Phone #



## Naples Natural Gas Company

P. O. Box 8025 • Naples, FL 34101-8025  
Phone: (941) 732-6123  
Facsimile: (941) 732-6321

October 22, 2003

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

To Whom It May Concern:

Please waive the reinstatement fee for enclosed "Application For Reinstatement" regarding the wrongfully accused failure to file the Uniform Business Report. Naples' Natural Gas Co. never received any notices requiring this company to file said report.

I regard it extremely important that Naples' Natural Gas Co. is immediately reinstated as a fully legal Corporation in compliance with all Florida statutes as it deserves to be. Until reinstatement, this Corporation is seriously delayed in filing other applications regarding pertinent Corporate legal operations and otherwise.

Thank you in advance for a timely and effective response.

Respectfully and Sincerely,

A handwritten signature in black ink, appearing to read "Michael M. Furtado".

Michael M. Furtado  
President and Sole Stockholder – Naples' Natural Gas Co.