

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # S04833

1. Corporation Name

BUYERS' REALTY OF NAPLES, INC.

01 JUN 20 AM 8:32

Principal Place of Business

Mailing Address

801 LAUREL OAK DR  
STE 400  
NAPLES FL 34108  
US

801 LAUREL OAK DR  
STE 400  
NAPLES FL 34108  
US

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



REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0219295

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
S	LESTER, SUZANNE F	<del>6100 10TH AVENUE NW</del> 4688 OAKLEAF	NAPLES FL 34119
T	LESTER, DEAN C	9927 KONA ISLE CT	ORLANDO FL 32817
VP	WICKLIFFE, CHARLES D	27056 JARVIS ROAD	BONITA SPRINGS FL 34135
P	LESTER, DON E.	4688 OAKLEAF	NAPLES, FL 34119
			500004432575--6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESTER, DON, E  
801 LAUREL OAK DR  
STE 400  
NAPLES FL 34108

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

Date

5-18-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-18-01

CR2E040 (8/00)



ACCOUNT NO. : 072100000032

REFERENCE : 192731 7234920

AUTHORIZATION :

COST LIMIT : \$ 908.75

*Patricia Pignatelli*

ORDER DATE : June 20, 2001

ORDER TIME : 11:06 AM

ORDER NO. : 192731-015

CUSTOMER NO: 7234920

CUSTOMER: Mr. Don Lester  
Century Holdings Of Collier  
801 Laurel Oak Drive  
Suite 400  
Naples, FL 34108

RECEIVED  
01 JUN 20 AM 11:31  
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: BUYERS REALTY OF NAPLES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_