

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FOR

1998-1999 AR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 528824

1. Corporation Name

Caribbean Design of Naples

Principal Place of Business

Mailing Address

6685 Bottle Brush Lane
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-30-91

5. FEI Number

65-023-8067

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Deborah K. Jordan	6685 Bottle Brush	Naples FL. 34109

800002796689--5
-03/05/99--01117--010
****308.75 ****308.75

8. Name and Address of Current Registered Agent

Deborah K. Jordan
6685 Bottle Brush
Naples, FL 34109

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Deborah K. Jordan
REGISTERED AGENT MUST SIGN

Date

2/22/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

Deborah K. Jordan

SIGNATURE:

DEBORAH K. JORDAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
Date

941-594-7800
Daytime Phone #

Feb. 22, 1999

Division of Corporations
ATTENTION: Reinstatement

Please waive the reinstatement fee for 1998 for my corporation, Caribbean Design of Naples, Inc. The form was not filed for 1998 because I never received the form in the mail. Enclosed please find a check for \$300.00, \$150.00 for 1998, and \$150.00 for 1999. I spoke with your offices and they said that since this was no fault of my own that I could have this waived one time only.

Thank you.

Deborah K. Jordan

Deborah K. Jordan
6685 Bottle Brush Lane
Naples, Fl. 34109

941-594-7806
Caribbean Design of Naples, Inc.