

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S42764

1 Corporation Name

Capital Gaines of Naples, Inc.

Principal Place of Business

Mailing Address

19200 Von Karmen Ave., Ste. 500
Irvine, CA 92612

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

April 1, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0264698

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/S/T/D	Christopher L. Hebard	6 Via Presea	Coto De Casa, CA 92679
			400002035244--5 -12/20/88--01076--014 ***583.75 SECRETARY OF STATE TALLAHASSEE, FLORIDA DEC 19 AM 10:05 FILED
			REINSTATEMENT 9/5/96/108

8. Name and Address of Current Registered Agent

Craig Holland, Esq.
1207 3rd Street South, Suite 5
Naples, FL 33940

9. Name and Address of New Registered Agent

Name
NationsCorp Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

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 See attached for original signature
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: See attached for original signature


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)

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APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # 542764			
1. Corporation Name CAPITAL GAINS OF NAPLES, INC.			
Mailing Address		Principal Place of Business	
19200 VON KARMEN AVE, STE. 500 IRVINE, CALIF. 92612			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, if Applicable		3. New Principal Office Address, if Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida APRIL 1, 1991	
		5. FEI Number 65-0264698	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
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
P/ST D	CHRISTOPHER L. HEBARD	6 VIA PRESEA	COTO DE CAZA, CALIF. 92679
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Craig Holland, Esq. 1207 3rd Street South, Suite 5 Naples, FL 33940		Name NationsCorp Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue Suits, Apt. #, Etc. City Tallahassee	
		State FL Zip Code 32301	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S. Signature of Registered Agent <u>Stacy B. Young</u> Date <u>12/19/96</u> REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name meets the requirements of sections 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <u>CHRISTOPHER L. HEBARD</u> 12/19/96 714-622-5558			
SIGNATURE:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
96 DEC 19 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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