

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 4/9/2026 2:12 PM EST

Confirmation Number: 16336

Amended Confirmation Number:

Employer Information

Name: Revs Institute, Inc.  
Address: 2500 S. Horseshoe Drive  
City: Naples  
State: FL  
Zip Code: 34104

Plan Administrator Information

Name: Revs Institute, Inc.  
Address: 2500 S. Horseshoe Drive  
City: Naples  
State: FL  
Zip Code: 34104  
Phone: 2393262013  
Email: gcook@revsinstitute.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Revs Institute 457(b) Plan	Number of Employees: 3
ID:2	Plan Name:	Revs Institute 457(f) Plan	Number of Employees: 3

Additional Information:

Effective Date: April 1, 2026 # of all Rev's Institute NQ Plans: 2 # of total eligible for this NQ plan: 3 (per plan) # currently participating in this plan: 0 - in enrollment (per plan)



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 16336. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.