

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 13 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000066161

1. Corporation Name
Services of Naples, Inc.

2. Principal Office Address
2265 Queens Way
Suite, Apt. #, etc.

3. Mailing Office Address
2265 Queens Way
Suite, Apt. #, etc.

City & State
Naples, FL
Zip
34112
Country
USA

City & State
Naples, FL
Zip
34112
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
6-12-2004

5. FEI Number
65-1192558
Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

04

7. Name and Address of Current Registered Agent

Name
Socorro M. White Way

Street Address (P.O. Box Number is Not Acceptable)
2265 Queens Way

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34112

700041129947
09/17/04--01082--008 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Socorro White Date 8-30-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PLS/HO</u>	<u>Socorro M. White Way</u>	<u>2265 QUEENS WAY</u>	<u>NAPLES, FL 34112</u>
<u>VP</u>	<u>Arturo Gonzalez</u>	<u>2265 QUEENS WAY</u>	<u>NAPLES, FL 34112</u>

10. 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: Socorro White Date 8-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

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2 of 2

Services of Naples, Inc.
2265 Queens Way
Naples, FL 34112

August 30th, 2004

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: Corporation admin dissolution for annual report

Dear, DOS:

It was brought to our attention recently that our Corporation was dissolved for non-filing of UBR. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address is stated incorrectly on your records. Our address is 2265 Queens Way Naples, FL 34112-5425.

We are enclosing a check in the amount of \$150.00, fee for 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,



Socorro M. Whiteway
President
Services of Naples, Inc.