

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000055558

Entity Name: NAPLES STRIP HOUSE, INC.

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

535 FIFTH AVE., 16TH FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

535 FIFTH AVE., 16TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 400
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHARON GRAY, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLAZIER, PETER
Address: 535 FIFTH AVE., 16TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER GLAZIER

D

06/25/2009

Electronic Signature of Signing Officer or Director

Date