

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000007090

1. Corporation Name

NOVELLO BUILDING CO., INC.

Principal Place of Business

Mailing Address

6893 MILL RUN CIR
 NAPLES FL 33942

6893 MILL RUN CIR
 NAPLES FL 33942



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

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0382911

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	NOVELLO, DOMINIC JR.	6893 MILL RUN CIR	NAPLES FL 33942

500023705215
 10/10/03--01028--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOVELLO, DOMINIC JR.
 6893 MILL RUN CIR
 NAPLES FL 33942

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

(Signature)
 REGISTERED AGENT MUST SIGN

Date

Oct 8/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINIC Novello, Jr.
 Pres.

Date

Daytime Phone #

239 566 3067

CR2040 (7/03)



NOVELLO
BUILDING COMPANY

NAPLES FLORIDA
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314-6327

October 8, 2003

Dear Sirs,

Novello Building Company did not receive any prior UBR notices. I am enclosing the completed application form and the required fee (\$150.00). Thank you for your cooperation and consideration concerning this report.

Sincerely,

Dominic Novello, Jr.
President

Novello Building Company, Inc.
6893 Mill Run Circle
Naples, Florida 34109