PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION' **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P93000007090 DOCUMENT

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

FILED 03 OCT 10 PM 3:53

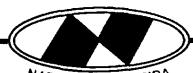
If above a	addresses are	incorrect in any way, line	through incorrect	information a	nd enter correction below.	7.5		03	
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #				iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/25/1993			
								Applied For	
				City & State			65-0382911 Not Applicable		
Zip		Country	Zip		Country	6. CERTIFICAT	SOF STATUS DESIRED (\$8.7)	5 Additional Fee required or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	orida nonprot	it corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	NOVELLO,	NOVELLO, DOMINIC JR.			6893 MILL RUN CIR		NAPLES FL 33942		
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						10/10/	00237052 0301028005	**150.00	
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	<u></u>		, ,	 		<u></u>		-	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
· -					Name	Name			
NOVELLO, DOMINIC JR. 6893 MILL RUN:CIR					Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33942					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
					City		State	Zip Code	
10. I, being	g appointed th	e registered agent of the	above named corp	oration, am f	amiliar with and accept the o	obligations of Sect	ion 607.0505, F.S. or 617.050	5, F.S.	
Signature of Registered	of Agent	SICKY	AEGISTERE A	NT MUST	SIGN		Date Oct	8/03	
11. I certify	that I am an	officer or director or the re	ceiver or trustee e	mpowered to	execute this application as	provided for in ch	apter 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

bovecco, Jr. 10/8/03 239 566 3067



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