


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 532570 1. Entity Name TW MANAGEMENT OF NAPLES, INC.					
Principal Place of Business %REMO CIFANI 430 HERON AVE. NAPLES, FL 33963			Mailing Address %REMO CIFANI 430 HERON AVE. NAPLES, FL 33963		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CENTENARO, NICK S. 14600 OLD TAMiami TR NAPLES, FL 33963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 59-2341401	
SIGNATURE <i>[Signature]</i> <small>Signature, type or printed name of registered agent, and title if applicable.</small>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				101-201-0000 (1/07)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CENTENARO, NICK S. 14600 OLD TAMiami TR NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIFANI, REMO E. 18800 JEFFERSON DRIVE WALTON HILLS, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600111014-0000 10/19/07--01053--016 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIFANI, JUSTINE 1800 JEFFERSON DRIVE WALTON HILLS, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIFANI, JOSEPH 1800 JEFFERSON DRIVE WALTON HILLS, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> Remo E. CIFANI			Date: 10/6/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 440-232-7427		

FILED
07 OCT 18 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

101-201-0000 (1/07)