

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003410

1. Corporation Name

Global NAPS Florida, Inc.

REINSTATEMENT

02

2. Principal Office Address

10 Merrymount Road

Suite, Apt. #, etc.

3. Mailing Office Address

10 Merrymount Road

Suite, Apt. #, etc.

City & State

Quincy, MA

Zip

02169

Country

City & State

Quincy, MA

Zip

02169

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/26/01

5. FEI Number.

04-3566602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

08/15/02 90045 024 \$550.00

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

900008753379

11/01/02-01026-029 **200.00

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**

Connie Byrum

Special Asst. Secy

REGISTERED AGENT MUST SIGN

Date 12/3/02

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
PD	Gangi, Frank T.	10 Merrymount Road	Quincy, MA 02169
TD	Gangi, Richard	10 Merrymount Road	Quincy, MA 02169
SD	Rooney, William J. Jr.	10 Merrymount Road	Quincy, MA 02169
D	Couture, Michael	10 Merrymount Road	Quincy, MA 02169

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:

WILLIAM J. ROONEY, JR. SECT.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02 781-551-9709

CR2E081 (9/01)