2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004954

FILED Oct 19, 2004 Secretary of State

Entity Nai	me: NAPPI, II	NC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
301 MAIN STREET GREAT BARRINGTON, MA 01230			446 MONTEREY ROAD GREAT BARRINGTON, MA 01230				
Current Mailing Address: 301 MAIN STREET GREAT BARRINGTON, MA 01230			New Mailing Address: 446 MONTEREY ROAD GREAT BARRINGTON, MA 01230				
							FEI Number:
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS	S STREET SSEE, FL 323		purpose of changing i	ts reaistered	l office or registered agent, or both		
	e of Florida.	oddinio the statement of the	parpose or onlinging r	to regioteree	romoc or registered agent, or both		
SIGNATU							
	Electro	nic Signature of Registered Aલ્	gent		Date		
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notic	e.			
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PD (LALEMAND, K 250 MINOT AV AUBURN, ME	ENUE	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	BONA, BRUCE 592 RHOADES) Delete : J : & BAILEY ROAD :ROUGH, MA 01259	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	CLRK (HARRIS, DANI 29 INDIAN HIL BOOTHBAY, M	L ROAD	Title: Name: Address: City-St-Zip:	CARPENTER	STREET POB 9729		
Title: Name: Address:	TD (BONA, JOHN (P.O. BOX 507) Delete G	Title: Name: Address:		() Change() Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: BRUCE J. BONA VD 10/19/2004

NEW HARTFORD, CT 06007

City-St-Zip: