APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN-30 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J71866

REINSTATEMENT 02-03

1. Corporation Name

NAPLES BUILDING COMPANY, INC.

2. Principal Office Address	3. Mailing Office Address
28803 Euclid Avenue	28803 Euclid Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wickliffe, Ohio	City & State: Wickliffe, Ohio
Zip: 44092 Country: USA	Zip: 44092 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/8/87

5. FEI Number: 59-2804779 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard Galvano

Street Address (P.O. Box Number is Not Acceptable): 25263 Tamiami Trail

Suite, Apt. #, Etc.:

City: Bonita Springs State: FL Zip Code: 34134

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: Rich Galvano Date: 5/28/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Russell F. Berzin	28803 Euclid Avenue	Wickliffe, OH 44092
		12-27-02	01049 005 $ 750.00
		05-07-03	01092 009 $ 150.00

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: Russell F. Berzin Russell F. Berzin 5/28/03 (440) 943-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #