

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000003935

FILED
Nov 17, 2006
Secretary of State

Entity Name: NAPP MANUFACTURING L.C.

Current Principal Place of Business:

396-B GUS HIPPI BL
ROCKLEDGE, FL 32955

New Principal Place of Business:

115 GUS HIPPI BL
ROCKLEDGE, FL 32955

Current Mailing Address:

396-B GUS HIPPI BL
ROCKLEDGE, FL 32955

New Mailing Address:

115 GUS HIPPI BL
ROCKLEDGE, FL 32955

FEI Number: 59-3656744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPOLI, PHILIP A
1825 BAY HILL DR.
VIERA, FL 32940 US

Name and Address of New Registered Agent:

NAPOLI, PHILIP A II
1825 BAY HILL DR.
VIERA, FL 32940 US

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.

SIGNATURE: PHILIP A. NAPOLI, II

11/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: NAPOLI, PHILIP A II
Address: 1825 BAYHILL DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: NAPOLI, PAUL
Address: 1825 BAYHILL DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILIP A NAPOLI, II

P

11/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date