

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

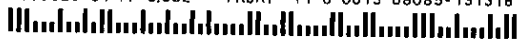
DIVISION OF CORPORATIONS

FOR REINSTATEMENT

1. DOCUMENT # L01000013965

Name and Mailing Address

0006823 01 FP 0.352 \*\*PRSR T1 0 0615 08085-131318



N.A.P. HOLDINGS GROUP, LLC

18 REISLING PLACE

SWEDESBO NJ 08085-1313

FILED

02 OCT 29 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

US



2. New Mailing Address

P.O. Box 7166

City, State, Zip

Daytona Beach, FL 32116

Principal Place of Business

4758 SOUTH ATLANTIC AVENUE

UNIT 6

PONCE INLET FL 32127

US

3. New Principal Place of Business Address

2959 Oceans Trace

City, State, Zip

Daytona Beach Shores FL 32118

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/20/2001

6. FEI Number

04-3712308

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

PAOLINO, ADAM

4758 SOUTH ATLANTIC AVENUE

UNIT 6

PONCE INLET FL 32127

9. Name and Address of New Registered Agent

Name

Adam Paolino

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

2959 Oceans Trace

City, State, Zip

Daytona Beach Shores FL 32118

FL

Zip Code

32118

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Adam Paolino

REGISTERED AGENT MUST SIGN

Date 10/22/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Owner President	Adam Paolino	2959 Oceans Trace	Daytona Beach Shores FL, 32118

200008643042  
10/29/02--01025--003 \*\*\$5.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Adam Paolino

Date

10/22/02

Daytime Phone #

386 304 6316

Typed or printed name of signing Managing Member/Manager

Adam Paolino

CR2E084 (8/02)

To Whom it may Concern:

I never recieved the first 2002 report. I called your office and I was instructed to write this letter and only pay the fifty dollars.

Thank You,  
Adam Paolino  
NAP. Holdings Group, LLC