


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000009554		
1. Entity Name HERMANOS NAKLEH, CORP.		

FILED  
06 MAR - 1 PM 3:16  
REINSTATEMENT STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 507 WEST MAIN STREET IMMOKALEE, FL 34142	Mailing Address 507 WEST MAIN STREET IMMOKALEE, FL 34142
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2. Principal Place of Business <u>507W Main Street</u>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Immokalee FL</u>	City & State
Zip <u>34142</u>	Country <u>Collier</u>

10202005 REIN-P CR2E098 (6/04)	
4. FEI Number 65-0978800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAKLEH, NASER 507 WEST MAIN STREET IMMOKALEE, FL 34142	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
(NOTE: Registered Agent signature required when reinstating)	
DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAKLEH, NASER 507 WEST MAIN STREET IMMOKALEE, FL 34142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000067436780 03/09/06--01014--006 **\$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000067436780 03/09/06--01014--007 **\$8.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/23/2006</u> 2348678467 <small>Daytime Phone</small>