

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P00000037560

1. Corporation Name

NAPLES AUTO, INC

2. Principal Office Address

25241 BERNWOOD DR.

3. Mailing Office Address

8811 Springwood Ct.

Suite, Apt. #, etc.

UNIT #10

Suite, Apt. #, etc.

City &amp; State

FLORIDA  
 BONITA SPRINGS

City &amp; State

FLORIDA  
 BONITA SPRINGS

Zip

34135

Country

LEE

Zip

34135

Country

LEE

4. Date Incorporated or Qualified  
 To Do Business in Florida

4/10/2000

5. FEI Number

65-0996198

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

COSTEL ROMAN

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

8811 SPRINGWOOD CT

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

Costel Roman

Date

12/11/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	COSTEL ROMAN	8811 SPRINGWOOD CT	BONITA SPRINGS, FL. 34135
VICE-PRESIDENT	MIRELA ROMAN	8811 SPRINGWOOD CT.	BONITA SPRINGS, FL. 34135

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)(f), 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:

Mirela L. Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02

Date

(239) 250-4224

Daytime Phone #

cell

2052

As per telephone  
conversation of today 12-11-02  
please wave the late fee  
of \$600.00 since we  
moved and never received  
the 2001 report

Mirela L. Roman  
Mirela Roman  
Director

Enclosed \$308.75