

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000037560

Entity Name: NAPLES AUTO, INC.

FILED
Nov 04, 2005
Secretary of State

Current Principal Place of Business:

25241 BERNWOOD DRIVE
UNIT 10
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

25241 BERNWOOD DRIVE
UNIT 10
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0996198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLCINAKU, AUREL
25241 BERNWOOD DRIVE
UNIT 10
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: AUREL KOLLCINAKU

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOLLCINAKU, AUREL
Address: 25241 BERNWOOD DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: KOLLCINAKU, BESNIK
Address: 25241 BERNWOOD DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUREL KOLLCINAKU

PD

11/04/2005

Electronic Signature of Signing Officer or Director

Date