

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P000000 41006

1. Corporation Name

NAPOLEON CONSTRUCTION, INC.,

2. Principal Office Address

4795 GANYMEDE CT.,

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34105

Country

USA

3. Mailing Office Address

4795 GANYMEDE CT.,

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34105

Country

USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 25, 2000

5. FEI Number

59-3640976

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

NAPOLEON ROCUYAN

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

4795 GANYMEDE CT.,

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34105

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

N. Rocuyan

REGISTERED AGENT MUST SIGN

Date Feb. 14, 2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROCUYAN, NAPOLEON	4795 GANYMEDE CT.,	NAPLES, FL. 34105

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)(i), 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:

N. Rocuyan
NAPOLEON ROCUYAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 2003

Date

239-649-4510

Daytime Phone #

CR2E081 (9/01)