

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000065112

1. Corporation Name

NAPCO, INC.

Principal Place of Business

Mailing Address

8369 N.W. 66TH ST.
MIAMI FL 33166

8369 N.W. 66TH ST.
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	SCHNEIDER, JORGE F	8369 N.W. 66TH ST.	MIAMI FL 33166
VTD	SCHNEIDER, MIGUEL	8369 N.W. 66TH ST.	MIAMI FL 33166

600004718986--9
-12/11/01--01068--012
***158.75 ***158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, JORGE F
8369 N.W. 66TH ST.
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JORGE SCHNEIDER PRESIDENT

11/5/01 305-640-0327

202

Miami, November 5, 2001

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Fl. 32314/6327

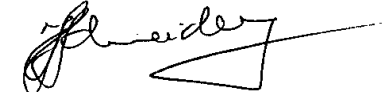
Ref. Napco , Inc. Document # P00000065112

Dear Sirs.

We have received the letter for administrative dissolution, but we never received the Blank Annual Report Uniform Business Report, so we couldn't send the fees.

Please accept this check for \$ 150.00 and change the status for active.

Thank you very much for your cooperation.



Jorge Schneider
Napco, Inc.
President