

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

02 NOV 12 AM 8:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

700008939693  
 11/12/02--01103--014 \*\*150.00

DOCUMENT # P01000056484

1. Corporation Name  
 NEWCO OF NAPLES, INC.

Principal Place of Business  
 848 BRICKELL AVE  
 MIAMI FL 33131

Mailing Address  
 848 BRICKELL AVE  
 MIAMI FL 33131



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

2. New Principal Office Address, If Applicable  
~~2172 CLIPPER WAY~~  
 Suite, Apt. #, etc.  
 City & State ~~NAPLES, FLORIDA~~  
 Zip ~~34104~~ Country ~~US~~

3. New Mailing Office Address, If Applicable  
~~2172 CLIPPER WAY~~  
 Suite, Apt. #, etc.  
 City & State ~~NAPLES, FLORIDA~~  
 Zip ~~34104~~ Country ~~US~~

4. Date Incorporated or Qualified To Do Business in Florida  
 06/01/2001

5. FEI Number  
 01-0553600

Applied For  
 Not Applicable

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip           |
|----------|-----------------------------------|--|------------------------------|
| D        | TABOADA, ORLANDO                  | RODRIGUEZ PENA 826                             | MAR DEL PLATA 7600 ARGENTINA |
| D        | TABOADA, ADALESIO                 | RODRIGUEZ PENA 826                             | MAR DEL PLATA 7600 ARGENTINA |
| D        | RICCIARDI, GUILLERMO              | 2472 CLYPPER WAY                               | NAPLES                       |
| D        | SCHULTZ, ALFRED                   | 2377 PINWOOD CIR                               | NAPLES                       |

8. Name and Address of Current Registered Agent  
 BERLIT CORPORATE SERVICES, INC.  
 848 BRICKELL AVE STE 200  
 MIAMI FL 33131

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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. or 617.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ REGISTERED AGENT MUST SIGN \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE REQUIRED

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: Guillermo Ricciardi Date: 11/03/2002 Daytime Phone #: 239-213-1173

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E046 (8/02)