

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

700008939692
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

2472 CLYPPER WAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2472 CLYPPER WAY
Suite, Apt. #, etc.

City & State NAPLES, FLORIDA

Zip 34104 Country US

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
FL

Zip Code

CR2E049 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/2002 239-213-1173