

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 17 PM 3:55

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000079517

**1. Corporation Name**

Neapolitan Soplas Inc.

**2. Principal Office Address**

526 Sugar Pine Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

USA

**3. Mailing Office Address**

PO Box 770761

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34107

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/22/2002

**5. FEI Number**

760705563

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

Becky Farrar-Koch

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

526 Sugar Pine Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

We did not  
re-apply  
for this  
no. This  
is our  
original  
FEI no.

**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

Becky Farrar-Koch

REGISTERED AGENT MUST SIGN

Date March 15, 2006

**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
P/D	Becky Farrar-Koch	526 Sugar Pine Lane	Naples FL 34108
VP/D	Andrea Breznay	659 Nottingham Dr.	Naples FL 34109

700069058177

03/30/06--01051--020 \*\*1058.75

**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 contained in Chapter 119, 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:**

Becky Farrar-Koch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2006

Date

(239)450-1532

Daytime Phone #

B. Mitchell MAR 22 2006