


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P02000086593
1. Corporation Name
NAPOLI ENTERPRISES, INC.


2. Principal Office Address 4649 Ponce de Leon Blvd Suite, Apt. #, etc. 404 City & State Coral Gables Zip FL Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
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2006 AUG -2 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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08/08/06--01027--023 **1243.75
B 8/17/06
REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 8/9/02	
5. FEI Number 54-2067469	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Pedro L. Alberni, CPA	
Street Address (P.O. Box Number is Not Acceptable) 4649 Ponce de Leon Blvd.	
Suite, Apt. #, Etc. 404	
City Coral Gables	State FL Zip Code 33146


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  Date 7/28/06

REGISTERED AGENT MUST SIGN

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
D/P	MENENDEZ VALDEZ, Maria Amelia	4649 Ponce de Leon Blvd. Suite 404	Coral Gables, FL 33146
D/VP	ERALES, Fernando	4649 Ponce de Leon Blvd. Suite 404	Coral Gables, FL 33146

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:  **FERNANDO ERALES** 7/28/06 305 662-7270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #