2005 FOR PROFIT CORPORATION REINSTATEMENT

| | KEINSTA | ı | | | | | | | | |
|--|--|------------------------|-------------------------------|----------------------|-------------|--|---------------|--------------------------|----------------------|---------|
| DOCUMENT # P02000125457 (* | | | | | | | | · E"11 | F- F- | |
| 1. Entity Nam | NAGEMENT SPECIALISTS | OF NAPLES INC | | | | | | FIL | | |
| 7 7 (11 4 140) (1 | THE PROPERTY OF LOW LIGHT | or 11 11 a 250, 1110. | | | | | - 05 | JAN 14 | PH 1: | 57 |
| Principal Place | e of Business | Mailing Address | | | 0 | | | | | |
| 14856 INDIG | | 14856 INDIGO LAKES CIR | ! | c | HAX. | | TALL | AHASSE | JI STAT E, FLORII | c Da |
| NAPLES, FL | 34119 | NAPLES, FL 34119 | | | Ko | | | | 7 | D74 |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | |
| 400 | LEIL OF | SOLE: | エエ | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt etc | | | 01042005 | REIN-P | CR2E | .០ <u>ខ្ល</u> ិត្ត(8/04) | J4-05 | 5 wo |
| City & State | °es- F) | TSING SURING | (Q) | | 4. FEI Numb | er | | | olied For | |
| Zip | Country | 74770-5 | Country | - | 13-422 | of Status Desired | | \$8.75 Add | ot Applicable | |
| SHII | S. Nome and Address of Courset I | <u>S4110</u> | | | | | | Fee Required | d | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | | | | | | | | | | |
| CAMPANELLA, RICHARD A 14856 INDIGO LAKES CIR Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| NAPLES, F | | | C(H S) 51 \ C | | | | | | | |
| | | | City | $\sum_{i} Q_{i}^{2}$ | | WIE1P | <u>. VI</u> | ZD Dobi | al | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | | | | | |
| the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE Signature, typed or proted name of registered then and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| In accordance with s. 607.193(2)(b), F.S., the | | | | | | | | | | |
| FII | LE NOW!!! FEE 18 \$300.00 | | | | | corporation di | id not receiv | e the prior r | notice. | |
| 10. | OFFICERS AND | | 11. | т | ADDITIONS | CHANGES TO O | FFICERS AND | DIRECTORS | | |
| TITLE NAME | P CAMPANELLA, RICHARD A | ☐ Delete | TITLE NAME | | MPANE | | チレンエ | JC Change | Addition | |
| STREET ADDRESS | 14856 INDIGO LAKES CIR | | STREET ADDRESS | 66 | 4 50 | PEZT | DB. | _ | | |
| CITY-ST-ZIP | NAPLES, FL 34119 | ☐ Delete | CITY-\$T-ZIP | WA | GEZ, | <u> </u> | 24110 | Change | ☐ Addition | |
| NAME | CAMPANELLA, TERRYRD A | La Delete | NAME | S | WEBIN | ETIA | LESS. | Y | | |
| STREET ADDRESS CITY-ST-ZIP | 14856 INDIGO LAKES CIR NAPLES, FL 34119 - | | STREET ADDRESS CITY-ST-ZIP | 175 | ジェク | STETT | 241 | io | | |
| TITLE | and the second s | ☐ Delete | TITLE | , ,, | **** |) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u> </u> | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | | |
| CITY-SI-ZIP | | | CITY-ST-ZIP | | | | | | , | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | 60004 /13/050 | <u> 4</u> 69 | | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | UI | /13/05==0 | 10520 | 注点 外来点 | 30U.UU | |
| CITY-ST-ZIP TITLE | | ☐ Delete | CITY-ST-ZIP TITLE | ļ | | | | ☐ Change | Addition | |
| NAME | | C Delete | NAME | | | | | C on strigo | 2,700,1011 | |
| STREET ADDRESS GITY-ST-ZIP | • | | STREET ADDRESS CITY+ST+ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | † | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | 1 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director | | | | | | | | | | |
| of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | |
| SIGNATURE: 1/6/05 | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OASIGNING OFFICER OR DIRECTOR Date Daylime Phone # | | | | | | | | | | |