PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04, 05 & 06 Annual Reports

FILED
06 MAR 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000104109

1. Corporation Name

NAPOLI GROUP INC.

2. Principal Office Address	**3.** Mailing Office Address
301 N. Atlantic Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State
Zip: 32118 Country: USA	Zip Country

CR2E081 (12/05) 04-06

4. Date Incorporated or Qualified To Do Business in Florida 09/22/2003

5. FEI Number 84-1628437 ☐ 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: MOHAMED ABDEL KARIM

300059169988
03/31/06--01044--002 **450.00

Street Address (P.O. Box Number is Not Acceptable): 301 N. Atlantic Ave.

Suite, Apt. #, Etc.

City: Daytona Beach | State: FL | Zip Code: 32118

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: Mohamed. (REGISTERED AGENT MUST SIGN) Date: 03/03/2006

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
D	MOHAMED ABDEL KARIM	1664 Spring Garden Ct.	Daytona Beach, FL 32117
D	KHALED AMER	1664 Spring Garden Ct.	Daytona Beach, FL 32117

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: Khaled Amer KHALED AMER 03/03/2006 (386)212-2230

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

2052

301 N. Atlantic Ave.
Daytona Beach, FL 32118
Tel: (386) 212-2230

Napoli Group, Inc.

March 3, 2006

State of Florida
Department of Corporations

Subject: Admin Dissolution for Annual Report
Document #: P03000104109

I would really appreciate it, if you please waive the reinstatement fee, since I did not receive the original notice annual report. I'm sending with this letter a Corporation Reinstatement Application and a check for $450 for 2004, 2005, and 2006. Thank you for your advance understanding, and if you have any questions please call me at the above mentioned number.

Sincerely,

Khaled Amer
Director