

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000149071

FILED
Oct 05, 2004
Secretary of State

Entity Name: NEAPOLITAN HOME TECH SERVICES , INC.

Current Principal Place of Business:

5675 WESTPORT LN
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

5675 WESTPORT LN
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 56-2433976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ FEBLES, LAZARO
5675 WESTPORT LN
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, () Delete
Name: ALVAREZ, MARGARITA
Address: 5675 WESTPORT LN
City-St-Zip: NAPLES, FL 34116 US

Title: VP, (X) Delete
Name: ALVAREZ, GILBERTO D
Address: 2037 23 TH ST. SW
City-St-Zip: NAPLES, FL 34117 US

Title: S/TR () Delete
Name: ALVAREZ FEBLES, LAZARO
Address: 5675 WESTPORT LN
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: ALVAREZ, LAZARO
Address: 5675 WESTPORT LN
City-St-Zip: NAPLES, FL 34116 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO ALVAREZ

P.

10/05/2004

Electronic Signature of Signing Officer or Director

Date