FILED
05 NOV -3 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000124047

1. Entity Name
NAPOLI HOLDINGS, INC.

Principal Place of Business	Mailing Address
% WILLIAM H. ALBORNOZ, ESQ 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134	% WILLIAM H. ALBORNOZ, ESQ 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134

10142005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1597654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: William H Cee — 10/31/05
Signature, typed or printed name of registered agent and title if applicable — DATE
WILLIAM H. ALBORNOZ

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRETTA, VITO ANTONIO % 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11/03/05--01038-012 **250.00

12. I hereby certify that the information supplied with this filing 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: Vito Carretta — 10/18/05 — (305) 444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Telephone Number