2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000018914

Entity Name: NAPLES LUXURY REAL ESTATE GROUP, INC.

FILED Oct 20, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

2529 DAY LILY PLACE 2132 MISSION DRIVE NAPLES, FL 34105 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

2529 DAY LILY PLACE 2132 MISSION DRIVE US NAPLES, FL 34105 NAPLES, FL 34109 US

FEI Number: 80-0302454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NASH, JO ELLEN NASH, JO ELLEN 2529 DAY LILY PLACE 2132 MISSION DRIVE NAPLES, FL 34105 US NAPLES, FL 34109

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: JO ELLEN NASH 10/20/2009

> Electronic Signature of Registered Agent Date

> > Title:

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: () Delete

HETRICK, FRANK HETRICK, FRANK Name: Name: 7241 HANOVER PRKWAY SUITE C Address: 7241 HANOVER PRKWAY SUITE C Address:

City-St-Zip: GREENBELT, MD 20770 US City-St-Zip: GREENBELT, MD 20770 US

Title: PD Title: PD (X) Change () Addition () Delete NASH. JO ELLEN Name: Name: NASH. JO ELLEN

2529 DAY LILY PLACE Address: 2132 MISSION DRIVE Address: NAPLES, FL 34105 US NAPLES, FL 34109 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JO ELLEN NASH **PRES** 10/20/2009