

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000064465

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** NAPLES AUTO TRANSPORT INC

**Current Principal Place of Business:**

4296 19 AVE SW  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

4296 19 AVE SW  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 27-0641361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ PENA, ALIN  
4296 19 AVE SW  
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:** ALIN GOMEZ PENA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GOMEZ PENA, ALIN  
**Address:** 4296 19 AVE SW  
**City-St-Zip:** NAPLES, FL 34116

**Title:** VP  
**Name:** ORTIZ, RUBEN  
**Address:** 12040 SITTERLEY ST  
**City-St-Zip:** NAPLES, FL 34113

I hereby 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 all other like empowered.

**SIGNATURE:** ALIN GOMEZ PENA

P

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date