

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

FILED
Dec 21, 2004 8:00 A.M
Secretary of State

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034572ANP

1. Corporation Name
NAPLES AQUATIC + LANDSCAPE INC.

2. Principal Office Address
291 23rd ST SW

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
NAPLES, FL.

City & State
B

Zip
34117

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
1993

5. FEI Number
265-99-7660

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
William Arthur Brady

Street Address (P.O. Box Number is Not Acceptable)
291 23rd ST SW.

Suite, Apt. #, Etc.

City
NAPLES, FL. 34117

State
FL

Zip Code
34117

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


REGISTERED AGENT MUST SIGN

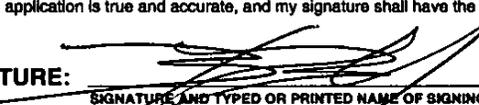
Date
12-14-04

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
PRES.	William A. Brady	291 23 rd ST. SW.	NAPLES, FL. 34117

6100043589946
12/22/04--01066--018 **475.00

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 under section 119.07(3)(i), 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:  William A. Brady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12-14-04

Daytime Phone #
239-784-7006

239-784-7006

CR2E81 (01/04)

202

FILED

04 DEC 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I am writing this letter
to waive the \$600.00
reinstatement fee, due
to the fact that I
did not receive the
2002 notice.

Thank you

William Brady