

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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

DOCUMENT # P93000034572AND

1. Corporation Name  
NAPLES AQUATIC + LANDSCAPE INC.

2. Principal Office Address  
291 23<sup>rd</sup> ST SW

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

3

Zip

Country

34117

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 23<sup>rd</sup> 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

*[Signature]*

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 <sup>rd</sup> ST. SW.	NAPLES, FL. 34117

600043589946  
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:

*[Signature]*

William A. Brady 12-14-04

Date

Daytime Phone #

239-784-7006

CR2001 (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