

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
D. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002186

1. Corporation Name

NAPLES ROADSIDE SERVICE, INC.

Principal Place of Business

Mailing Address

3580 WHITE BLVD.
NAPLES FL 34117

3580 WHITE BLVD.
NAPLES FL 34117

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4001 Santa Barbara Blvd.

Suite, Apt. #, etc.
PMB 115

City & State
Naples, FL

Zip
34104

Country
Collier USA

3. New Mailing Office Address, If Applicable

4001 Santa Barbara Blvd.

Suite, Apt. #, etc.
PMB 115

City & State
Naples, FL

Zip
34104

Country
Collier USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1995

5. FEI Number

65-0543423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MACIAS, CARLOS B	5640 TAYLOR ROAD	NAPLES FL 34109
	Macias, Carlos B	4001 Santa Barbara Blvd PMB 115	Naples, FL 34104

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-12/05/01--01025--014

****158.75 ****158.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACIAS, CARLOS B
4001 SANTA BARBRA BLVD.
PMB 115
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E040 (8/01)

10-31-01

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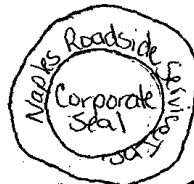
To: Dept. of State

To Whom It May Concern:

We at Naples Roadside Service, Inc spoke to someone at the dept. one week ago, about the enclosed renewal. That person told us to mail this amount and write this letter because our mail from you was being sent to the wrong address. That person has corrected our address now. Please re-instate our corporation.

Thank You,

Naples Roadside Service, Inc.



10-31-01

Carlos Brett Macias
Carlos Brett Macias:
President