PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

-P95000011748 DOCUMENT

1. Corporation Name

NEW DEAL, INC.

Principal Place of Business

Mailing Address

1225 AIRPORT PULLING RD S NAPLES_FL_33942

1225 AIRPORT PULLING RD S

NAPLES PL 33942

1750 Choctaw TRAIL

DEINSTATEMENTOCL

SECRETARY OF STATE OVISION OF CORPORATIONS

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If above a	ddresses are inco	orrect in any way, line thr		formation and enter	correction below.	LA COL	140 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
New Principal Office Address, If Applicable 3. New Mailir 17 50				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/09/1995			
Suite, Apt. #, etc.				etc. LAND, FL		5. FEI Number		Applied For	
City & State City & State				3275/		65-0557181 Not Applicable			
ip	C	ountry	Zip	Countr	/ .	6. CERTIFICATE		75 Additional Fee required or a Certificate of Status	
. Names a	and Street Addres	sses of Each Officer and	or Director (Flor	ida nonprofit corpora	tions must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
Р	HAMM, ROBERTS JOSEPH F. RUSSO			2202 TREEHAVEN CIR- 17 SD Chockaw Trail			FT MYERS FL 33907 YMA I LANDL F	-C 32751	
ST	HAMM, CINDY'E PAMELA C. RUSSU			2202 TREEHAVEN CIR 1750 Chochan Taril			Mait Land,	.,	
						60	00003484 -12/04/JD1	0367	
							****750.00	*****750.00	
					/	A 106	00003484 -12/04/00	U367 01022003	
		المستواف والمستوان				Poplical	**************************************	***************************************	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
LIANA	M, ROBERT 8"				Name Joe Russo				
1225 AIRPORT PULLING RD S				Street Address (P.O. Box Number is Not Acceptable)					
	58 FL 34104			Suite, Apt. #, Etc.					
				State State FL Zip Code 32 Section, am familiar with and accept the obligations of Section 607.0505, F.S.			Zip Code 3275 /		
0. I, being	g appointed the re	gistered agent of the ab	ove named corpo	vetion, am familiar w	ith and accept the c	obligations of Secti	on 607.0505, F.S.		
Signature o Registered		Joseph	 	user.			Date	<u></u>	

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 filling 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.

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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