

2004 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED AND FILED

04 OCT 28 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072548

1. Entity Name
NEWCO REALTY ASSOCIATES, INC.



Principal Place of Business
3000 ORANGE GROVE TRAIL
NAPLES, FL 34120

Mailing Address
3000 ORANGE GROVE TRAIL
NAPLES, FL 34120

REINSTATEMENT 04



JK

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10252004 REIN-P CR2E098 (6/04)

City & State
City & State

Zip Country Zip Country

4. FEI Number
65-0608483

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
BOLLT, ROBERTO
3000 ORANGE GROVE TRAIL
NAPLES, FL 34120

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: See below
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

310042292839
10/28/04--01065--018 **750.00

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BOLLT, THEODORE 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BOLLT, ROBERTO 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO BOLLT 10/27/04 234 353 1389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #