

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P95000072548**

1. Entity Name  
**NEWCO REALTY ASSOCIATES, INC.**



FILED

06 JAN 20 PM 3:03

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

Mailing Address  
**3000 ORANGE GROVE TRAIL  
NAPLES, FL 34120**

SECRET  
DATE



2. Principal Place of Business

3. Mailing Address

01172006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**65-0608483**

Applied For  
 Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**BOLLT, ROBERTO  
3000 ORANGE GROVE TRAIL  
NAPLES, FL 34120**

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 **ROBERTO BOLLT** **11806**  
Sign date, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOLLT, THEODORE 3000 ORANGE GROVE TRAIL NAPLES, FL 34120	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOWITZ, STEPHEN 3000 ORANGE GROVE TRAIL NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOLLT ROBERTO 3000 ORANGE GROVE TRAIL NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**B 1/23/06**  
**REINSTATEMENT 05-06**  
**100065183351**  
**02/03/06--01047--011 \*\*\$300.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **11806 289 3531389**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #