

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -6 PM 2:06

DOCUMENT # P95000072548

1. Corporation Name

NEWCO REALTY ASSOCIATES INC

2. Principal Office Address - No P.O. Box #
4500 Executive Drive

3. Mailing Office Address

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State

Zip Country
34119 USA

Zip Country

600184117636
08/06/10--01037--009 **1358.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 9/18/1995

5. FEI Number
65-0608483

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
Roberto Bolt

Street Address (P.O. Box Number is Not Acceptable)
4500 Executive Drive

Suite, Apt. #, Etc.
Suite #110

City State Zip Code
Naples FL 34119

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

Date 8/3/2010

REGISTERED AGENT MUST SIGN

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
V,S,D	Stephen G Lowitz	4500 Executive Drive Suite #110	Naples, Florida, 34119
P,T,D	Roberto Bolt	4500 Executive Drive Suite #110	Naples, Florida 34119

REINSTATEMENT

B 8/9/10
06-10

10. E-mail Address: rbolt@gmail.com

(To be used for future annual report notification)

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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2010

239.596.4088

Date

Daytime Phone #