Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Directors  Street Address of Each Officer and/or Directors  Winkelmann, Andreas  Street Address of Each Officer and/or Directors  Activ/ State / Zip  NAPLES FL 34110  8. Name and Address of Current Registered Agent  Name  Name and Address of New Registered Agent  Name  Name Address of New Registered Agent  Name  Name Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)												
Secretary of State DINSIGN OF GORPORATIONS  DOCUMENT# P96000066294  1. Corporation Name NAPLES ABACUS, INC.  Principal Place of Business  1300 MPERAL GOLF COURSE BLVD. 221  1300 MPERAL GOLF COURSE BLVD. 231  24 New Principal Office Address, if Applicable  25 New Principal Office Address, if Applicable  26 New Principal Office Address, if Applicable  27 New Principal Office Address, if Applicable  28 New Principal Office Address, if Applicable  29 New Principal Office Address, if Applicable  20 New Principal Office Address, if Applicable  20 New Principal Office Address, if Applicable  20 New Principal Office Address, if Applicable  21 New Principal Office Address, if Applicable  22 New Principal Office Address, if Applicable  23 New Mailing Office Address, if Applicable  24 New Principal Office Address, if Applicable  25 New Principal Office Address, if Applicable  26 New Incorporated or Qualified  27 De lancopporated or Qualified  28 New Principal Office Address, if Applicable  29 Description of Policipal Office Address, if Applicable  20 Description of Policipal Office Address of Each Officer end for Director (Florida nonprinti corporations must list at least 3 directors)  28 Names and Street Addresses of Each Officer end for Director (Florida nonprinti corporations must list at least 3 directors)  29 Names and Address of Each Officer end for Director (Florida nonprinti corporations must list at least 3 directors)  20 Names and Address of Each Officer end for Director (Florida nonprinti corporations must list at least 3 directors)  20 Names and Address of Each Officer end for Director (Florida nonprinti corporations must list at least 3 directors)  20 Names and Address of Each Officer end for Director (Florida nonprinti corporations in Finds at least 3 directors)  20 Names and Address of New Registered Agent  20 Names and Address of New Registered Agent  21 Names and Addr	AŖſ	PLICATION	SE READ		A DEPA	RTMENT	OF STATE	7	ING THIS F	ORM.		
DOCUMENT # P96000066294  1. Corporation Name  NAPLES ABACUS, INC.  Principal Place of Business  Mailing Address  1330 IMPERIAL GOLF COURSE BLVD.  A221: A221: A221: A221: A221: A221: A221: A222: A222: A223: A223: A224: A225: A226: A226: A227: A227	REINSTATEMENT					Secretary of State			FILED			
NAPLES ABACUS, INC.  Principal Place of Business  Mailing Address  1330 IMPERIAL GOLF COURSE BLVD. 221: 321: 322: 321: 322: 323: 324: 325: 325: 326: 327: 327: 327: 327: 328: 328: 328: 328: 328: 328: 328: 328		<del></del>	· <del></del>			CORPORA	110113		OI AUG 16	am 10: 30	I	
Principal Place of Business  1530 IMPERIAL GOLF COURSE BLVD. 221	1. Corporation Name							SECRETARY OF STATE				
1500 IMPERIAL GOLF COURSE BLVD. #321  NAPLES FL 34110  REINSTATEMENT  REINSTATEME	NAPLE	S ABACUS,	INC.				,	12	TALLAHASSET	, FLORIDA	`	
NAPLES FL 34110  NAPLES FL 34110  REINSTATEMENT  REINSTATEMENT  REINSTATEMENT  (If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  Site, Apt. #, etc.  Site, Apt. #, etc.  Sp-3413822  Applied For Not Applicable  Centrificate of Status Desired  Centrificate of Status Desired  Centrificate of Status Desired  Title(s)  Name of Officers  Street Address of List at least 3 directors)  Street Address of Status Desired  Centrificate of Country  Applied For  Not Applicable  Centrificate of Status Desired  Centrificate of Status Desired  Centrificate of Country  Applied For  Not Applicable  Centrificate of Status Desired  Centrificate of Status Desired  Centrificate of Country  Centri	Principal Place of Business Mailing Address							MO	( 11 <b>0 18</b> 14 <b>) O</b> HAN <b>AB</b> 16 <b>19</b> 14) (			
NAPLES FL 34110  NAPLES FL 34110  REINSTATEMENT  REINSTATEMENT  REINSTATEMENT  (If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  Site, Apt. #, etc.  Site, Apt. #, etc.  Sp-3413822  Applied For Not Applicable  Centrificate of Status Desired  Centrificate of Status Desired  Centrificate of Status Desired  Title(s)  Name of Officers  Street Address of List at least 3 directors)  Street Address of Status Desired  Centrificate of Country  Applied For  Not Applicable  Centrificate of Status Desired  Centrificate of Status Desired  Centrificate of Country  Applied For  Not Applicable  Centrificate of Status Desired  Centrificate of Status Desired  Centrificate of Country  Centri												
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 10 De Business in Flondad 10 D			o one way line the			and ontar com	raction below					
Solle, Apt. II. Solle, Apt. III. Solle,									To Do Business in Florida			
Zip Country  Zip Country  Certificate of Status Desired  State Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors 3 Street Address of Each Officer and/or Directors 3 Street Address of Each Officer and/or Directors 4 City / State / Zip  D WINKELMANN, ANDREA G 1530 IMPERIAL GOLF COURSE BLVD., NAPLES FL 34110  8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  Name SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  HOGH TANLAM STARMAN SUCK ANDRESSERVIX  WINKELMANN STARMAN SUCK SUCK AND ALL NORTH SUCK AND ALL NORTH  Sulfa, Apr. #, Etc.  City / State / Zip  1 State   Zip Code   PL   34110 3    Sulfa, Apr. #, Etc.  City / State / Zip Code   PL   34110 3    City / State   Zip Code   PL   3410 3    Sulfa, Apr. #, Etc.  City / State   Zip Code   PL   3410 3    Liberty Sulfa, Apr. #, Etc.  City / Apr. #, Etc.  City	Suite, Apt. #, etc. Suite, Ap				t. #, etc.						<del></del>	
Country   Zip   Country   Certificate of Status DESIRED     Status Additional For required for a Certificate of Status	City & State		City & State				6					
Title(s)   2   Name of Officers and/or Directors   3   Officer and/or Director   4   City / State / Zip	Zip Country Zip					Country			S8./5 Additional Fee required			
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip  D WINKELMANN, ANDREA G 1530 IMPERIAL GOLF COURSE BLVD., NAPLES FL 34110  2000004 5 8 5 1 5 2 - 1 -03 / 12 / 01 -01 056 -020 *****300.00  *****300.00 *****300.00  *****300.00 *****300.00  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  *****300.00 *****300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ******300.00  ********300.00  *******300.00  ******300.00  *******300.00  *******300.00  *******300.00  *******300.00  **********	7. Names a			or Director (Flo	rida nonpro				1			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name Address of New Registered Agent  8. Name Address of New Registered Agent  8. Name SHELDON W. STARMAN  8. Street Address (P.O. Box Number is Not Acceptable)  4. HELDON W. STARMAN  8. Street Address (P.O. Box Number is Not Acceptable)  4. HELDON W. STARMAN  8. Street Address (P.O. Box Number is Not Acceptable)  4. HELDON W. STARMAN  8. Suite, Apt. #, Etc.  8. SUITE 400  City NAPLES  10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  10. 1, being appointed the registered Agent  11. A A O O 1	Title(s)	an	and/or Directors						City / State / Zip			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  4099 TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.  SUITE 400  City NAPLES  Gignature of Registered Agent  Date  1/12 /2001	D	D WINKELMANN, ANDREA G			1530 IMPERIAL GOLF COURSE				BLVD., NAPLES FL 34110			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  4099 TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.  SUITE 400  City NAPLES  Gignature of Registered Agent  Date  1/12 /2001		·				_						
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  4099 TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.  SUITE 400  City NAPLES  Gignature of Registered Agent  Date  1/12 /2001								~~~		OCT	1	
8. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Net Don W. Star Man  Street Address (P.O. Box Number is Not Acceptable)  HOQQ TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.									-09/12/0101068020			
Name  SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  HOQQ TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.  SUITE HOO  City  NAPLES  TO 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  Date  1/12/2001		<u> </u>						<del> </del>				
Name  SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  HOQQ TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.  SUITE HOO  City  NAPLES  TO 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  Date  1/12/2001				<u> </u>								
Name  SHELDON W. STARMAN  Street Address (P.O. Box Number is Not Acceptable)  HOQQ TAMIAMI TRAIL NORTH  Suite, Apt. #, Etc.  SUITE HOO  City  NAPLES  TO 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  Date  1/12/2001		8. Name and Ad	iress of Current F	enistered And	ent			9 Name and	Address of New Per	nistared Anen		
**SCH *** **SCH *** *** *** *** *** *** *** *** *** **							Name a					
SUITE 400  City NAPLES FLORING  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 Date 1/12/2001												
City  NAPLES  State  Zip Code  34103  10. 1, 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  Date  1/12/2001							Suite, Apt. #, Etc.					
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 Date 1/12/2001	XXXX	SKACKKANK				ļ,	City	·	400			
	Signature of	No.	ldon	2000	Star	ma				/ /		
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			rector or the receiv	er or trustee er	npowered to	o execute this						

SIGNATURE: OLO OFFICER OR DIRECTOR Date Daytime Phone #