

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040481

1. Corporation Name

NAPLES IRON WORKS, INC.

Principal Place of Business

2319 J & C BLVD #9
NAPLES FL 34109
US

Mailing Address

2319 J & C BLVD #9
NAPLES FL 34109
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1997

5. FEI Number

59-3450174

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	STONE, GARY	4834 MOLOKAI DRIVE	NAPLES FL 34112
VT	SAUERWALD, JAY	4834 MOLOKAI DRIVE	NAPLES FL 34112
PSD	JAMES W. SAUERWALD	2319 J+C Blvd #9 NAPLES FL 34109	NAPLES FL 34109
			7000010975457
			01/28/03-01021--007 **908.75

8. Name and Address of Current Registered Agent

REINA, LEONARD P
500 FIFTH AVENUE SOUTH #502
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name: James W Sauerwald
Street Address (P.O. Box Number is Not Acceptable)
2319 J+C Blvd #9
Suite, Apt. #, Etc.
City Naples

State FL Zip Code 34109

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date _____

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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 239-594-5300

Date

Daytime Phone #

CR2E040 (8/02)