PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			F		DEPARTI ecretary sion of cor	of Sta	ate	TATE	†			VISIO	ETARY NOF CO	RPUK	AHUN	`	
DOCU	JMENT	# 6	9900	00	3035	૧												
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2. Principal Office Address '4730 0 60005W (ATTE Plan Suite, Apt. #, etc.			PKa 1	3. Mailing Office Address P.O. Box 99021 Suite, Apt. # etc.					EMSTATEMENT 03-05									
										4. Date I To Do		rated or						
City & State NAPL	.E.S	FL		- 1	City.&.State_ VAPLES	s = 1				5. FEI NO		90	48	<u> </u>		Applie	d For	•
Zip 34 (34116 Country				Zip Country US					6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status								
	·			····	7. N	ame and Add	dress o	f Current	t Register	ed Agent						T		
	Suite, Apt. /35 City	ress (P.O. #, Etc. 71	Mc Gk	is Not A	Acceptable)		£ 2	22_				State FL	zip Co	919			(2)	ô
Signature of Registered A		registere	d agent of the		named corpoi			th and acc	cept the ot	oligations of	section	607.050 Date	05 or 617.	.0503, F.S			CR2E081 (01/05)	
9. Names	and Street Ac	idresses d	of Each Office	r and/or	Director (Flo	rida nonprofit	corpora	ations mu:	st list at lea	ast 3 directo	rs)							
Titles	Name of Officers and/or Directors			ctors	Street Address Officer and/or							City / State / Zip						
A D	SONIA ALEMAN			PO BOX 99021 NAPLES FL 3411					16 NAPLES EL 34					4111	<u> </u>			
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SIGNAT	UKE:	NATURE	AND TYPED O	R PRINTI	ED NAME OF S	IGNING OFFIC	ER OR (DIRECTOR	1			Date	7/	U Day	rtime Phon	e #	-	

February 4, 2005

Pronto Giros of Southwest Florida, Inc. PO Box 990201 Naples FL 34116

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Reinstatement of Corporation P99000030359

Enclosed please find my check for \$450 for the annual fees to reinstate the corporation as well as the current renewal fee. We had a change of address and did not realize that the corporate renewal fees were not paid until now.

Please be assured that these fees will be paid on a timely basis in the future.

Sonia Aleman

President