

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

CORPORATION  
 REINSTATEMENT

FILED  
 02 APR -3 PM 5:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000034089

1. Corporation Name

HUBER ENTERPRISES OF NAPLES, FL INC

2. Principal Office Address

2180 39TH ST SW

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34117

Country

Zip

Country

4. Date Incorporated or Qualified  
 To Do Business in Florida

5. FEI Number

59-3568363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
 for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

DIAN M EDWARDS

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

1842 40TH TERR SW

Suite, Apt. #, Etc.

City

NAPLES, FL 34116

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

2/20/02

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
P	HUBER ALVAREZ	3180 39TH ST SW	NAPLES FL 34117
V	JUAN CARLOS ALVAREZ	100 10TH AVE NE	NAPLES FL 34120

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02

CR2E081 (9/01)

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