

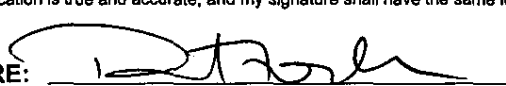


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000038365			
1. Corporation Name BPI INDUSTRIES OF NAPLES, INC			
2. Principal Office Address 1852 40TH TERR SW Suite, Apt. #, etc. B City & State NAPLES, FL 34116 Zip 34116		3. Mailing Office Address 1852 40TH TERR SW Suite, Apt. #, etc. B City & State NAPLES, FL 34116 Zip 34116	
		4. Date Incorporated or Qualified To Do Business in Florida 04/23/1999	
		5. FEI Number 59-3570331	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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		State FL	Zip Code 34116
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 9/5/03	
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
P	RICHARD A FODEN	1852-B 40TH TERR SW	NAPLES, FL 34116
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: 		9/5/2003	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 06-03

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