

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:59

DOCUMENT # P99000043745

1. Entity Name
NAPLES MORTGAGE SERVICES, INC.



Principal Place of Business
1100 6TH AVE S, SUITE 224
NAPLES, FL 34102

Mailing Address
1100 6TH AVE S, SUITE 224
NAPLES, FL 34102

REINSTATEMENT 05



2. Principal Place of Business

6314 TRAIL BLVD

3. Mailing Address

6314 TRAIL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112005 REIN-P CR2E098 (6/04)

City & State

Naples FL

City & State

Naples

4. FEI Number
59-3575389

Applied For
Not Applicable

Zip

34108

Country

Collier

Zip

34108

Country

Collier

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

LUCH, MARIANNE
1100 6TH AVE S, SUITE 224
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name LUCH, Marianne

Street Address (P.O. Box Number is Not Acceptable)
6314 TRAIL BLVD

City Naples

FL

Zip Code 34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Wcl*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LUCH, MARIANNE
STREET ADDRESS 1100 6TH AVE S, SUITE 224
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6314 TRAIL BLVD
CITY-ST-ZIP Naples, FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600060722136
CITY-ST-ZIP 10/18/05--01072--008 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Wcl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/05 239-262-0600

Daytime Phone #