

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S28784

**FILED**  
**Mar 21, 2013**  
**Secretary of State**

**Entity Name:** NARKI ASSOCIATES, INC.

**Current Principal Place of Business:**

408 MOUNTAIN DR  
BABSON PARK, FL 33827

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 358  
BABSON PARK, FL 33827

**New Mailing Address:**

**FEI Number:** 59-3049558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NARKI, FRANK W.  
408 MOUNTAIN DR.  
BABSON PARK, FL 33827 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FRANK W NARKI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NARKI, FRANK W.  
Address: 408 MOUNTAIN DRIVE  
City-St-Zip: BABSON PARK, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK W NARKI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

03/21/2013

\_\_\_\_\_  
Date