

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P18434

FILED
Oct 10, 2005
Secretary of State

Entity Name: BRECKENRIDGE NAPLES DEVELOPMENT CORPORATION

Current Principal Place of Business:

400 S 14TH STREET
SUITE 100
ST. LOUIS, MO 63103 US

New Principal Place of Business:

221 E. LOCKWOOD AVENUE
WEBSTER GROVES, MO 63119 US

Current Mailing Address:

400 S 14TH STREET
SUITE 100
ST. LOUIS, MO 63103 US

New Mailing Address:

221 E. LOCKWOOD AVENUE
WEBSTER GROVES, MO 63119 US

FEI Number: 43-1416101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER SOUZA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BRECKENRIDGE, DONALD E
Address: 400 S 14TH STREET, STE. 100
City-St-Zip: ST. LOUIS, MO 63103 US

Title: D () Delete
Name: BRECKENRIDGE, DONALD E
Address: 400 S 14TH STREET, STE. 100
City-St-Zip: ST. LOUIS, MO 63103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BRECKENRIDGE, DONALD E
Address: 400 S. 14TH STREET #1001
City-St-Zip: ST. LOUIS, MO 63103 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD E. BRECKENRIDGE

PS

10/10/2005

Electronic Signature of Signing Officer or Director

Date