

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 007

DOCUMENT # 742380			
1. Entity Name CAPRI J ASSOCIATION, INC.			
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 15300 Jog Road Suite, Apt. #, etc. Suite # 109		3. Mailing Address P.O. Box 244464 Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Boynton Beach, FL	
Zip 33446		Country USA	
4. FEI Number 59-1858770		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, ARNIE 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: Danny Wilson, Wilson Management Street Address (P.O. Box Number is Not Acceptable) 15300 Jog Road, Suite # 109 City: Delray Beach FL Zip Code: 33446	
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:		DATE: 3/13/2007	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MEYER- MIKE 447 CAPRI J DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCO, LOUISE 453 CAPRI J DELRAY BEACH, FL 33484 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMAN, MARTIN SOLOMON, MARTIN 472 CAPRI J DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100095874381 04/04/07--01039-005 **\$122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELDNER, FRED 478 CAPRI J DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAUBMAN, ONA 454 CAPRI J DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, PHILIP 479 CAPRI J DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAUBMAN, ONA 454 CAPRI J DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Eckel MAR 29 2007
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:		Date: 3/14/07 Daytime Phone #: 638-259	