

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G50033

1. Entity Name
CAAMANO INVESTMENT PROPERTIES, INC.



FILED

09 APR 20 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12620-3 BEACH BLVD., #222
JACKSONVILLE, FL 32246

Mailing Address
PO BOX 963
HALLANDALE, FL 33008

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12620-3 BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#222

City & State

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32246

USA



REINSTATEMENT 08-09
10502008 REIN-P 08F2E098 (1707)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAAMANO, DANIEL T
5400 N. 35TH STREET
HOLLYWOOD, FL 33021

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/20/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CAAMANO, DANIEL SR
STREET ADDRESS 5400 N. 35TH ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Change ☐ Addit
NAME 900137582319
STREET ADDRESS 11/03/08--01073--008 **150.00
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CAAMANO, DANIEL JR
STREET ADDRESS 12620-3 BEACH BLVD. #222
CITY-ST-ZIP JACKSONVILLE, FL 32246

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME 900137582319
STREET ADDRESS 04/21/09--01024--030 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address with all other information.

X