

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G66243

**FILED**  
**Nov 11, 2008**  
**Secretary of State**

**Entity Name:** CAPRETTO SOUTH, INC.

**Current Principal Place of Business:**

5822 SUNSET DRIVE  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

4150 LA PLAYA BOULEVARD  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

C/O DAVID C POLLACK  
150 W FLAGLER STREET #2200  
MIAMI, FL 33130 US

**New Mailing Address:**

**FEI Number:** 59-2332543      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POLLACK, DAVID C ESQ  
150 W FLAGLER ST  
SUITE 2200  
MIAMI, FL 33130 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: DAVID C. POLLACK

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: DPT ( ) Delete  
Name: POLLACK, TRUDI  
Address: 5822 SUNSET DRIVE  
City-St-Zip: SOUTH MIAMI, FL

Title: S ( ) Delete  
Name: POLLACK, DAVID C  
Address: 150 W FLAGLER ST. SUITE 2200  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: POLLACK, TRUDI  
Address: 4150 LA PLAYA BOULEVARD  
City-St-Zip: COCONUT GROVE, FL 33133

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID C. POLLACK

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11/11/2008

Electronic Signature of Signing Officer or Director

Date