

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H71629

FILED
Oct 13, 2004
Secretary of State

Entity Name: CACIOPPO & SON OF FLORIDA, INC.

Current Principal Place of Business:

1307 E. NORMENDY BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1307 E. NORMENDY BLVD
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-2566912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMOSO, VITA
1307 NORMANDY BLVD.
DELTONA, FL 32738 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: _____

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: VSTD () Delete
Name: FORMOSO, VITA,
Address: PO BOX 5009
City-St-Zip: DELTONA, FL

Title: PD () Delete
Name: FORMOSO, GIACINTO,
Address: PO BOX 5009
City-St-Zip: DELTONA, FL

Title: V () Delete
Name: ORLANDO, CORY
Address: P.O. BOX 5009
City-St-Zip: DELTONA, FL

Title: AS () Delete
Name: ORLANDO, CHUCK
Address: P.O. BOX 5009
City-St-Zip: DELTONA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CORYANNE ORLANDO

VP

10/13/2004

Electronic Signature of Signing Officer or Director

Date