

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K82343

FILED  
Jul 15, 2011  
Secretary of State

**Entity Name:** CAPRI SERVICES, INC.

**Current Principal Place of Business:**

2565 W NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2565 W NEW HAVEN AVE  
WEST MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 59-2964510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, CAPRITTA A  
921 MANDARIN DR. NE.  
PALM BAY, FL 32905 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: THOMAS CAPRITTA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAPRITTA, THOMAS ANGELO  
Address: 2565W NEW HAVEN AVE.  
City-St-Zip: W NEW HAVEN, FL 32904

Title: S  
Name: CAPRITTA, MICHELE MARIE  
Address: 2565 W NEW HAVEN AVE.  
City-St-Zip: W MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: MICHELE CAPRITTA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

S

07/15/2011

\_\_\_\_\_  
Date