

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000007073

Name and Mailing Address

0010920 01 AT 0.292 **AUTO TO 0 0615 34236-561069

CARAGIULO PROPERTIES, L.L.C.
69 SOUTH PALM AVENUE
SARASOTA FL 34236-5610

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 69 SOUTH PALM AVENUE SARASOTA FL 34236		5. Date Organized or Qualified To Do Business in Florida 03/22/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <i>FIN</i> 03-0418695 Applied For Not Applicable	
8. Name and Address of Current Registered Agent DRAKE, J. KEVIN DOOLEY & DRAKE, P.A. 1432 FIRST STREET SARASOTA FL 34236		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10730703--01064--010 **150.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>SIGNATURE REQUIRED</i> REGISTERED AGENT MUST SIGN <i>10/26/04</i> <i>03</i>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CARAGIULO, ANTHONY	69 SOUTH PALM AVENUE	SARASOTA FL 34236
MGRM	CARAGIULO, JOHN F	69 SOUTH PALM AVENUE	SARASOTA FL 34236
MGRM	CARAGIULO, MARK A	69 SOUTH PALM AVENUE	SARASOTA FL 34236
MGRM	CARAGIULO, ROBERT A	69 SOUTH PALM AVENUE	SARASOTA FL 34236
MGRM	CARAGIULO, ANTHONY M	69 SOUTH PALM AVENUE	SARASOTA FL 34236
MGRM	CARAGIULO, PAUL T	69 SOUTH PALM AVENUE	SARASOTA FL 34236
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager <i>SIGNATURE REQUIRED</i> <i>Robert A. Caragiulo</i>		Date <i>10-27-04</i> Daytime Phone # <i>941 951 0866</i>	
Typed or printed name of signing Managing Member/Manager <i>ROBERT A CARAGIULO</i>			

CR2E084 (7/03)