

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000076018

Entity Name: VITALE COMPANIES, LLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4251 GULFSHORE BLVD N  
19 B  
NAPLES, FL 34102

**New Principal Place of Business:**

4251 GULFSHORE BLVD N  
17 B  
NAPLES, FL 34103

**Current Mailing Address:**

300 FIFTH AVE SOUTH  
SUITE 101 PMB 316  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 20-4857509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VITALE, JOSEPHINE  
4251 GULFSHORE BLVD N 19 B  
NAPLES, FL 34103 US

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

VITALE, JOSEPHINE A  
4251 GULFSHORE BLVD N 17 B  
NAPLES, FL 34103 US

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: JOSEPHINE A. VITALE

01/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VITALE, JOSEPHINE A  
Address: 300 FIFTH AVENUE SOUTH SUITE 316  
City-St-Zip: NAPLES, FL 34102

Title: P  
Name: VITALE, JOSEPHINE A  
Address: 300 FIFTH AVENUE SOUTH SUITE 316  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPHINE A. VITALE

PRES

01/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date