

2008 LIMITED LIABILITY COM REINSTATEMENT

FILED

2008 DEC 23 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000046707		
1. Entity Name E & J CAPUTO CLEARWATER, LLC		

Principal Place of Business 407 N. BELCHER ROAD CLEARWATER, FL 33765-2608 <i>Suite 4</i>	Mailing Address 407 N. BELCHER ROAD CLEARWATER, FL 33765-2608 <i>Suite 4</i>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11122008 REIN-LLC CR2E101 (1/07)

4. FEI Number <i>26-0247000</i>	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPUTO, PAUL E DR 407 N. BELCHER ROAD CLEARWATER, FL 33765-2608		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPUTO, PAUL E DR. 2491 BENTLEY DR. PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>400139227824</i> <i>12/23/08--01011--002 **238.75</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPUTO, CHARLES P.O. BOX 675 HERMITAGE, TN 37076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPUTO, RICHARD E 2549 W. 37TH ST. ERIE, PA 16506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPUTO, DENNIS P 31 HAZELWOOD DR. JERICHO, NY 11753 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>DR. PAUL E. CAPUTO</i>	Date: <i>12/01/08</i>	Daytime Phone #: <i>727-791-9355</i>
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