

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000047638

1. Limited Liability Company's Name
CAPONERA LOT9.LLC

2. Principal Office Address - No P.O. Box #
14532 RANSOM AVE

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

Zip Country
33953 U.S.A.

3. Mailing Office Address
4800 S. SALFORD BLVD

Suite, Apt. #, etc.

City & State
NORTH PORT, FL

Zip Country
34287 U.S.A.

8. Name and Address of Current Registered Agent

Name
PETER A CAPONERA

Street Address (P.O. Box Number is Not Acceptable) Suite,
4800 S. SALFORD BLVD.

Apt. #, Etc.

City
NORTH PORT

State Zip Code
FL 34287

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Peter A. Caponera*
REGISTERED AGENT MUST SIGN

Date **APRIL 6 2015**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR=	PETER A CAPONERA	14532 RANSOM AVE.	PORT CHARLOTTE, FL 33953
MGR=	LENIDA CAPONERA	14532 RANSOM AVE.	PORT CHARLOTTE, FL 33953

REINSTATEMENT

APR 27 2015

R. HUNT

11. E-mail Address: **caponerapeter@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Peter A. Caponera 4-6-15 941-876-3097

PETER A. CAPONERA

15 APR 27 AM 8:31

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida **4-1-2013**

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

500271778739
04/27/15--01041--006 **138.75

500271778739
04/14/15--01023--011 **238.75