

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 APR 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000048365

1. Limited Liability Company's Name
CAPONERALOT8.LLC

2. Principal Office Address - No P.O. Box #

14524 RANSOM AVE

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33953

Country

U.S.A.

3. Mailing Office Address

4800 S. SALFORD BLVD

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

Zip

34287

Country

U.S.A.

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

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

FL

Zip Code

34287

600271778766
04/27/15--01041--007 **138.75

600271778766
04/14/15--01023--012 **238.75

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	14524 RANSOM AVE.	PORT CHARLOTTE, FL 33953
MGR=	LENIDA CAPONERA	14524 RANSOM AVE.	PORT CHARLOTTE, FL 33953

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

PETER A. CAPONERA

941-876-3097