

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L13000143479

1. Limited Liability Company's Name
AJ Caprio, LLC

2. Principal Office Address - No P.O. Box # 300 Beach Drive N.E.		3. Mailing Office Address 300 Beach Drive N.E.	
Suite, Apt. #, etc. Suite 1401		Suite, Apt. #, etc. Suite 1401	
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida	
Zip 33701	Country United States	Zip 33701	Country United States

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business In Florida October 10, 2013	
6. FEI Number 46-3850913	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent	
Name Anthony J. Caprio	
Street Address (P.O. Box Number is Not Acceptable) Suite, 300 Beach Drive N.E.	
Apt. #, Etc. Suite 1401	
City St. Petersburg	State Zip Code FL 33701

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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 *Anthony J. Caprio* Date **12/15/15**
REGISTERED AGENT MUST SIGN

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
AR	Anthony J. Caprio	300 Beach Drive N.E., Suite 1401	St. Petersburg, Florida 33701

11. E-mail Address: **tcaprio@yahoo.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.

Signature of authorized representative/member *Anthony J. Caprio* Date **12/15/15** Daytime Phone # **732-319-7977**
Typed or printed name of signing authorized representative/member **Anthony J. Caprio**

K. ASHTON