

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000108251

Entity Name: E & L CLAM HOUSE, INC.

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

23440 JANICE AVE  
UNIT 19 & 20  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

23440 JANICE AVE  
265 PARK STREET  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 59-3759777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MULAS, ELIO  
265 PARK STREET  
PORT CHARLOTTE, FL 33952 US

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

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: ELIO MULAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MULAS, ELIO  
Address: 265 PARK STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP  
Name: FISCELLA, VINCENT  
Address: 4022 BEEVER LANE 900H  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIO MULAS

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03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date