

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000039672

1. Corporation Name

CAPUTO ELECTRIC, INC.

Principal Place of Business

Mailing Address

589 BOYD DR  
KEY LARGO FL 33037

589 BOYD DR  
KEY LARGO FL 33037

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2002

5. FEL Number

03-04 2838 5

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CAPUTO, SCOTT	1026 ADAMS DR	KEY LARGO FL 33037
VTD	CAPUTO, LOUIS	589 BOYD DR	KEY LARGO FL 33037
SD	CAPUTO, ANITA	589 BOYD DR	KEY LARGO FL 33037

900024528469  
11/10/03--01007--002 \*\*750.00

8. Name and Address of Current Registered Agent

ZIEGLER, S. HARVEY ESQ  
41 JAILY ROGER DR  
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name

Scott Caputo

Street Address (P.O. Box Number is Not Acceptable)

1026 Adams Dr

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-2-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-03

Date

Daytime Phone #

CR2E040 (7/03)