

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000079066

1. Entity Name
JOSEPH CARAGOL, INC.



06 FEB -7 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6722 NORTH A1A
FORT PIERCE, FL 34949

Mailing Address

6722 NORTH A1A
FORT PIERCE, FL 34949

REINSTATEMENT 0506



2. Principal Place of Business

1201 19TH PL
Suite, Apt. #, etc.
B 303

3. Mailing Address

1201 19TH PL
Suite, Apt. #, etc.
B 303

01302006 REIN-P CR2E098 (11/05)

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

13-1965136

Applied For

Not Applicable

Zip

32960

Country

INDIAN RIVER

Zip

32960

Country

INDIAN RIVER

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, RICHARD L ESQ.
1517 20TH STREET
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

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

1201 19TH PL - SUITE B303
City
VERO BEACH FL Zip Code
32960

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CARAGOL, JOSEPH
6722 NORTH A1A
FORT PIERCE, FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1201 19TH PL
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300067479449
03/09/06--01050--019 **308.75

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/06 772-564-0116