

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000017382</b> 1. Entity Name <b>CAPRICORN 64 MANAGEMENT INC.</b>					
Principal Place of Business <b>5711 DIODORA DR #2 TAMPA, FL 33615</b>				Mailing Address <b>5711 DIODORA DR #2 TAMPA, FL 33615</b>	
2. Principal Place of Business - No P.O. Box # <b>12216 MATCHFIELD WAY</b>		3. Mailing Address <b>12216 MATCHFIELD WAY</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>RIVERVIEW FL</b>		City & State <b>RIVERVIEW FL</b>		4. FEI Number <b>20-8413967</b>	
Zip <b>33579</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>ALEXANDER G. SCHILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>12216 MATCHFIELD WAY</b> City <b>RIVERVIEW FL</b> Zip Code <b>33579</b>	
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 <u><i>A.G. Schiller</i></u> <b>1/1/07</b> DATE					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHILLER, ALEXANDER G 5711 DIODORA DR #2 TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12216 MATCHFIELD WAY RIVERVIEW FL 33579</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400115196304 01/15/08--01034--013 **300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>A.G. Schiller</i></u> <b>1/1/07</b>			DATE: <b>1/1/07</b> DAYTIME PHONE:		

FILED

2008 JAN 15 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

B. Mitchell JAN 15 2008