

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000051938

1. Entity Name
CHRIS CAPRIO CONSULTING INC



FILED

09 JAN -6 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5630 S W 195 TERR
SOUTHWEST RANCHES, FL 33332

Mailing Address
5630 S W 195 TERR
SOUTHWEST RANCHES, FL 33332

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12302008

REIN-P

CR2E098 (1/07)

4. FEI Number
20-4683725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

CAPRIO, CHRIS
5630 S W 195 TERR
SOUTHWEST RANCHES, FL 33332

Name

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

City

FL

Zip Code

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)

DATE

12/28/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CAPRIO, CHRIS
5630 S W 195 TERR
SOUTHWEST RANCHES, FL 33332

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900139682029
01/06/09--01019--004 **150.00

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Caprio

12/28/08

954-4341078

Date

Daytime Phone #