

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000059273

**FILED**  
**Aug 02, 2012**  
**Secretary of State**

**Entity Name:** LUCARELLI'S INC.

**Current Principal Place of Business:**

8970 FONTANA DEL SOLE WAY  
#6  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

8970 FONTANA DEL SOLE WAY  
#6  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 26-2841019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAGAIN FINANCIAL INC.  
27299 RIVERVIEW CENTER BLVD  
#102  
BONITA SPRINGS, FL 34134 US

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

LUCARTELLI, GIACAMO  
8970 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US

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:** GIACOMO LUCARELLI

08/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LUCARELLI, DONNA  
**Address:** 56 HERITAGE WAY  
**City-St-Zip:** NAPLES, FL 34110

**Title:** VP  
**Name:** LUCARELLI, CATERINA  
**Address:** 786 93RD AVE N  
**City-St-Zip:** NAPLES, FL 34108

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:** DONNA LUCARELLI

PRES

08/02/2012

Electronic Signature of Signing Officer or Director

Date