

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000000195

Entity Name: NARDONE CAPITAL, INC.

**FILED**  
**Jul 17, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

585 E. STATE ROAD 434  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 521221  
LONGWOOD, FL 32752 12

**New Mailing Address:**

FEI Number: 26-4068358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLWELL, RONALD L SR.  
585 E. STATE ROAD 434  
LONGWOOD, FL 32750 US

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

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: RONALD FOLWELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: NARDONE, ANGELA  
Address: 585 E. STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: CEO  
Name: NARDONE, ERNESTO A  
Address: 585 E. STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: CFO  
Name: FOLWELL, RONALD L SR.  
Address: 585 EAST STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

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: RONALD FOLWELL

CFO

07/17/2014

Electronic Signature of Signing Officer or Director

Date