

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 998000001356

1. Corporation Name

Capri International Properties, Inc

2. Principal Office Address - No P.O. Box #

6794 SARASA Circle

Suite, Apt. #, etc.

City & State

Siesta Key, FL

Zip

34242

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Vera Giancristoforo

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

6794 SARASA Circle

Suite, Apt. #, Etc.

City

Siesta Key

State

FL

Zip Code

34242

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Vera Giancristoforo  
REGISTERED AGENT MUST SIGN

Date 3/9/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Vera Giancristoforo	6794 Sarasa Circle	Siesta Key FL 34242
Vice Pres	Richard L Smith III	2030 Greenspring Valley Rd	Stevenson, MD 21153

10. E-mail Address: Subai123@comcast.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Vera Giancristoforo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/10

Daytime Phone #

FILED

10 MAR 11 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800171869278

03/11/10--01025--010 \*\*450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

1/5/98

5. FEI Number

52-2085597

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.