

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F00000002894**

1. Corporation Name

FIRST CAPITAL SERVICES, INC.

Principal Place of Business

Mailing Address

2300 GLADES ROAD, SUITE 450-W
BOCA RATON FL 33431

2300 GLADES ROAD, SUITE 450-W
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

111 S.W. 3rd Street

Suite, Apt. #, etc.

701

City & State

Miami, FL

Zip 33130

Country

3. New Mailing Office Address, If Applicable

111 S.W. 3rd Street

Suite, Apt. #, etc.

701

City & State

Miami, FL

Zip 33130

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2000

5. FEI Number

54-1796420

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
			BOCA RATON, FL 33431
COO	GOLDBERG, ALAN	111 S.W. 3rd Street, #701	Miami, FL 33130

8. Name and Address of Current Registered Agent

GOLDBERG, ALAN

2300 GLADES ROAD, SUITE 450-W
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Alan L. Goldberg

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

111 S.W. 3rd Street

Suite, Apt. #, Etc.

701

City

Miami

State

FL

Zip Code

33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/16/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan L. Goldberg

Date

Daytime Phone #

305 372-1100 ext 12

CR2E040 (8/01)