

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **764703**

1. Corporation Name

**CAPITOL PRESS CLUB OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

336 E COLLEGE AVE  
STE 303  
TALLAHASSEE FL 32301-8727  
US

336 E COLLEGE AVE  
STE 303  
TALLAHASSEE FL 32301-8727  
US

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



**REINSTATEMENT** 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2553011

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROYSE, DAVID	336 EAST COLLEGE AVE.	TALLAHASSEE FL 32301
TD	SILVA, MARK	336 E COLLEGE AVE	TALLAHASSEE FL
VPD	CLARK, LESLEY	336 E COLLEGE AVE	TALLAHASSEE FL 32301

900023820199  
10/15/03--01060--004 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVA, MARK  
336 E COLLEGE AVE  
SUITE 303  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Mark Silva*  
REGISTERED AGENT MUST SIGN

Date

10/13/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*Mark Silva* Treasurer 10/13/03 850 222 5564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #