

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 11 PM 4:25

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004288

1. Corporation Name

THE CAPTUS GROUP, INC.

Principal Place of Business

356 VETERANS MEMORIAL HIGHWAY  
COMMACK NY 11725

Mailing Address

356 VETERANS MEMORIAL HIGHWAY  
COMMACK NY 11725



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

2. New Principal Office Address, If Applicable

~~700 Veterans Memorial Hwy.~~

Suite, Apt. #, etc.

Suite 125

City & State

Hauppauge

Zip

NY

Country

11725

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2000

5. FEI Number

11-3263662

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	DANZI, MICHAEL	<del>562-A NEW HIGHWAY, APT. 1-G</del> 17 Viking St., West Islip, NY	HAUPPAUGE NY 11788
STD	DANZI, MICHAEL	<del>562-A NEW HIGHWAY, APT. 1-G</del> 17 Viking St., West Islip, NY	HAUPPAUGE NY 11788
VD	BAKER, GEORGE	3 JILLIT DRIVE	SMITHTOWN NY 11787
D	SEERY, RICHARD	121 STEVENS AVENUE	HEMPSTEAD NY 11550
V	BUX, STEVE	16 SHENANDOAH BLVD.	NESCONSET NY 11767

8. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

~~1400 HAYS STREET, SUITE 2~~ 1045 McRITH DR.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

600011914486

02/06/03 01089 011 \*\*300.00

FL

CR2E(4) (8/02)

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

*Burdon G. Skattery, Vice President*  
2950  
SIGNATURE REQUIRED

Date 1/30/03

REGISTERED AGENT MUST SIGN

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:

*Burdon G. Skattery*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/03

Daytime Phone #

# *The Captus Group, Inc.*

700 Veterans Memorial Highway, Suite 125, Hauppauge, NY 11788  
(631) 656-2400 (631) 656-2402 Fax

January 30, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the Application for Reinstatement for The Captus Group, Inc. In addition, I have enclosed a check for \$300 that will cover the fees for years 2002 and 2003.

We would appreciate your waiving of the \$900 reinstatement fee as we had moved from 356 Veterans Memorial Highway, Commack, NY 11725 to 700 Veterans Memorial Highway, Suite 125, Hauppauge, NY 11725 and never received the renewal statement. Please update your records to reflect our new address.

Please contact me at (631) 656-2400, ext. 111 if you should require any additional information.

Thank you,

  
Danielle DiGrazia  
Process & Quality Control

Enc.