

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 21 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001616

1. Corporation Name

Pristine Capital Holdings, Inc.

**REINSTATEMENT** 06-10

CR2E081 (11/09)

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

7-11 South Broadway

Suite, Apt. #, etc.

Suite 210

City & State

White Plains, NY

Zip

10601

Country

USA

3. Mailing Office Address

7-11 South Broadway

Suite, Apt. #, etc.

Suite 210

City & State

White Plains, NY

Zip

10601

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/29/2002

5. FEI Number

52-2251575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Greg Capra

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

257 Poinciana Island Drive

Suite, Apt. #, Etc.

City

Sunny Isles

State

FL

Zip Code

33160

☐ 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.

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

*Greg Capra*

REGISTERED AGENT MUST SIGN

Date

4/9/10

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
CEO/Pres	Greg Capra	7-11 South Broadway, Suite 210	White Plains, NY 10601
Director	Greg Capra	7-11 South Broadway, Suite 210	White Plains, NY 10601
Sec/Treas	Carol Irwin	7-11 South Broadway, Suite 210	White Plains, NY 10601

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10. E-mail Address: carol@pristine.com

(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:

*Greg Capra Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/10

Daytime Phone #