

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000003740

FILED
Nov 17, 2009
Secretary of State

Entity Name: CAPITOL FIRST CORPORATION

Current Principal Place of Business:

5301 N FEDERAL HWY
#380
BOCA RATON, FL 33487 US

Current Mailing Address:

5301 N FEDERAL HWY
#380
BOCA RATON, FL 33487 US

New Principal Place of Business:

900 GLADES ROAD
#2
BOCA RATON, FL 33431 US

New Mailing Address:

4001 N OCEAN BLVD
#308
BOCA RATON, FL 33431 US

FEI Number: 88-0361144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, HOWARD
5301 N FEDERAL HWY
#380
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

BLOOM, HOWARD
4001 N. OCEAN BLVD
#308
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOWARD BLOOM

11/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOOM, ASHLEY
Address: 5301 N FEDERAL HWY, SUITE 380
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: BLOOM, DIANE
Address: 5301 N FEDERAL HWY #380
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: BLOOM, HOWARD
Address: 5301 N FEDERAL HWY #380
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLOOM, DIANE
Address: 4001 N. OCEAN BLVD #308
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change () Addition
Name: BLOOM, HOWARD
Address: 4001 N OCEAN BLVD #308
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD BLOOM

PRES

11/17/2009

Electronic Signature of Signing Officer or Director

Date