

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000003740

Entity Name: CAPITOL FIRST CORPORATION

FILED  
Nov 17, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

900 GLADES ROAD  
#2  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

5301 N FEDERAL HWY  
#380  
BOCA RATON, FL 33487 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: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: D ( ) Delete

Name: BLOOM, DIANE

Address: 5301 N FEDERAL HWY #380

City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change ( ) Addition

Name: BLOOM, DIANE

Address: 4001 N. OCEAN BLVD #308

City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete

Name: BLOOM, HOWARD

Address: 5301 N FEDERAL HWY #380

City-St-Zip: BOCA RATON, FL 33487

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