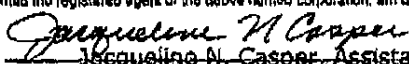


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OCT 15 AM 3:33

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F08000001208			
1. Corporation Name Capstone Realty, Inc.			
2. Principal Office Address - No P.O. Box # 1900 East Ninth Street		3. Mailing Office Address 1900 East Ninth Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cleveland, Ohio		City & State Cleveland, Ohio	
Zip 44114	Country U.S.	Zip 44114	Country U.S.
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, etc.			
City Tallahassee		State FL	Zip Code 32301-2525
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent 		Date 10/15/09	
Jacqueline N. Casper, Assistant VP REGISTERED AGENT MUST SIGN			
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
D/V	Gary Jay Saulson	620 Liberty Avenue	Pittsburgh, Pennsylvania 15222-2707
D/V	Eve N. Shavett	620 Liberty Avenue	Pittsburgh, Pennsylvania 15222-2707
D/V	Francois R. Walters	620 Liberty Avenue	Pittsburgh, Pennsylvania 15222-2707
V/S	Carlton E. Langer	1900 East Ninth Street	Cleveland, Ohio 44114
P	Glenn R. Kniffo	1900 East Ninth Street	Cleveland, Ohio 44114
T	Doris M. Malinowski	1900 East Ninth Street	Cleveland, Ohio 44114
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate debts satisfied 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 contained in Chapter 119, 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: 		Eve N. Shavett, Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/15/09	412-762-7345
		Date	Daytime Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida March 18, 2008	
5. FEI Number 34-0672921	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ 5075 Additional Fee required if Conditionally of Status	

☐ 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.

RH

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT

CAPSTONE REALTY, INC.

Certificate of Status	0
Certified Copy	0
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