

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000001878

1. Corporation Name

CAPITA CORPORATION

Principal Place of Business

Mailing Address

1 CIT DR
LIVINGSTON NJ 07039
US

1 CIT DR
LIVINGSTON NJ 07039
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite Apt # etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1993

5. FEI Number

22-3211453

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V D	INGATO, ROBERT	1 CIT DR	LIVINGSTON NJ 07039
P	HALLMAN, THOMAS B Fernando Fiore	1 CIT DRIVE	LIVINGSTON NJ 07039
S	MANDELBAUM, ERIC	1 CIT DR	LIVINGSTON NJ 07039
T D	VOTEK, GLENN	1 CIT DRIVE	LIVINGSTON NJ 07039
ASST SEC VAT	LINDA SEUFERT STEVENSON, SCOTT	1 CIT DRIVE ONE TOWN CENTER ROAD	LIVINGSTON, NJ 07039 BOCA RATON FL 33486
D	GAMPER, ALBERT R JR. THOMAS L ABBATE	1 CIT DRIVE	LIVINGSTON NJ 07039

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Jill E. Kranz

Assistant Secretary

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 16/20/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDA SEUFERT, ASST. SECY.

14/21/2003 973.740.5796

CR2E040 (7/03)

CIT
1 CIT Drive
Livingston, NJ 07039

December 22, 2003



Florida Department of the State
Division of Corporations
Attn: Marquetta Williams
P.O. Box 6327
Tallahassee, FL 32314

Re: Capita Corporation Reinstatement
FEIN 22-3211453
Document #F93000001878

Dear Marquetta:

As per our conversation of Monday, December 15, 2003, enclosed please find a check in the amount of \$200 along with the reinstatement forms for Capita Corporation.

Please apply enclosed check along with the \$550 credit balance with entity #M97000000130 / Thermo Capital Company LLC as payment for the Capita Corporation reinstatement.

If you have any questions regarding this transaction, or require anything further, please do not hesitate to contact me. I can be reached at 973-740-5387.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra DePinto'.
Sandra DePinto