PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 11: 36

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

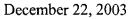
DOCUMENT # F93000001878

1. Corporation Name					SECRETARY OF STATE TALLAHASSEE FLORIDA			
CAPITA	A CORPORATION							
Principal Place of Business Mailing Address								
1CIT DR LIVINGSTON NJ 07039 US		-	+-CIT DR]			
If above	addresses are incorrect in any way, line t	hrough incorrect i	nformation and enter	correction below.	REIN	STATEMEN	63	
New Principal Office Address, If Applicable 3. No.			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/19/1993		
Suite, Apt. #, etc.		Suite Ant # etc.		320-1	5. FEI Number Applied For			
City & State		City & State		- 	22-3211453 Not Applicable			
Zip	Country	Žip	Count	ry	6. CERTIFICATE	E OF STATUS DESIRED 🗆 😽	.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	prida nonprofit corpor	ations must list at lea	ıst 3 directors)	_		
Title(s)	Name of Officers and/or Directors	and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
v D	INGATO, ROBERT 1 CIT DR					LIVINGSTON NJ 07039		
P	HALLMAN, THOMAS B Fernand	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		
4 SST. SEX VAT	STEVENSON, SCOTT		ONE TOWN CENTER ROAD			60CA RATON FL 33486		
D	D GAMPER, ALBERT R. JR. THOMAS L. ARRATE			1 CIT DRIVE		LIVINGSTON NJ 07039		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
Name				Name				
						is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Suite, Apt. #, Etc.	Suite, Apt. #, Etc. 12/28/U3-U1084(0/2 **200, 00)			
				City		State	e Zip Code	
10. I, bein	g appointed the registered agent of the a	pove named corpo	oration, am familiar w	vith and accept the ot	oligations of Secti		-) 05, F.S.	
			Jill E. K	ranz				
Signature of Registered	Agent		Assistant S			Date 6 20 0	3	
	that I am an officer or director or the rec enstatement application, the reason for dis	eiver or trustee er	mpowered to execute			apter 607 or 617, F.S. I furthe	r certify that when filing	

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:

CIT 1 CIT Drive Livingston, NJ 07039





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 #F9300001878

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 #M9700000130 / 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,

Sandra DePinto