

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 14 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000072

1. Corporation Name

CAPACITY INC.

Principal Place of Business

ONE CAROL PLACE  
MOONACHIE NJ 07074  
US

Mailing Address

ONE CAROL PLACE  
MOONACHIE NJ 07074  
US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/1994

5. FEI Number

13-3602376

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PS	AVIGDOR, NESIM STEPHEN PITKOFF	1407 BROADWAY STE 1710	NEW YORK NY
T	AKIN, MUSTAFA	ONE CAROL PLACE	MOONACHIE NJ 07074
S	BELL, DELORES R	1407 BROADWAY	NEW YORK NY 10018

400002715564--3  
-12/18/98-01024-023  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ERGUN, NECDET  
ST AUGUSTINE OUTLET MALL  
2700 STATE RD., 16 STR #906  
ST AUGUSTINE FL 32092

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/7/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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 #

11/16/98