

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 AUG 28 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000072

1. Corporation Name

CAPACITY INC.

2. Principal Office Address

ONE CAROL PLACE

Suite, Apt. #, etc.

MOONACHE, NJ

City & State

Zip

07074

Country

3. Mailing Office Address

ONE CAROL PLACE

Suite, Apt. #, etc.

MOONACHE, NJ

City & State

Zip

07074

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. Name and Address of Current Registered Agent

Name

United Corporate Services, Inc.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 508

City

Miami

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael A. [Signature]

REGISTERED AGENT MUST SIGN

Date

8/25/00

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 |
|-----------|--------------------------------------|---|---------------------|
| President | STEPHEN PIKOFF | 1 Carol Place Moonachie NJ | Moonachie, NJ 07074 |
| Secretary | DOLORES BELL | " | " |
| V. Pres. | OMER PRINCE | " | " |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

99-00

[Signature]

10. 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]

STEPHEN PIKOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.10.2000

Date

(201) 229-0242

Daytime Phone #