

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUN -6 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000072

1. Corporation Name

CAPACITY INC.

Principal Place of Business

~~ONE CAROL PLACE
MOONACHIE NJ 07074
US~~

(SAME)

Mailing Address

~~ONE CAROL PLACE
MOONACHIE NJ 07074
US~~

530. SECAUCUS RD.
SECAUCUS NJ.
07094



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	City/State/Zip
P	PITKOFF, STEPHEN	ONE CAROL PLACE 530. SECAUCUS RD.	MOONACHIE NJ 07074 SECAUCUS NJ 07094
S	BELL, DOLORES	ONE CAROL PLACE 530. SECAUCUS RD.	MOONACHIE NJ 07074 SECAUCUS NJ 07094
VP	PRINCE, OMER	ONE CAROL PLACE	MOONACHIE NJ 07074
CFO/PRES	UGUR ALTINTAS	530 SECAUCUS ROAD	SECAUCUS NJ 07094

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE. 508
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

MICHAEL A. BARR - PRES

REGISTERED AGENT MUST SIGN

Date

5/13/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UGUR ALTINTAS

Date

Daytime Phone #

02/25/02 201-271-7411

X210

CR2E040 (8/01)