

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -2 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002508

1. Corporation Name

CAPITAL ONE SERVICES, INC.

Principal Place of Business

Mailing Address

2980 FAIRVIEW PARK DR., #1300
FALLS CHURCH VA 22042

2980 FAIRVIEW PARK DR., #1300
FALLS CHURCH VA 22042



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-1780389

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	FAIRBANK, RICHARD D	2980 FAIRVIEW PARK DR., #1300	FALLS CHURCH VA 22042
COO	MORRIS, NIGEL W	2980 FAIRVIEW PARK DR., #1300	FALLS CHURCH VA 22042
SVP EVP/CFO	WILLEY, DAVID M	2980 FAIRVIEW PARK DRIVE, STE. 1	FALLS CHURCH VA 22042
SVP EVP/GC/ S	FINNERAN, JOHN G JR	2980 FAIRVIEW PARK DR., #1300	FALLS CHURCH VA 22042 LS
SVP VP/DGC/ AS	COOPER, MATTHEW J Frank R. Boerchert, III	2980 FAIRVIEW PARK DR., #1300	FALLS CHURCH VA 22042
SVP EVP/HR	DONEHEY, JAMES P Dennis H. Liberson	2980 FAIRVIEW PARK DR., #1300	FALLS CHURCH VA 22042

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

300004663913-1

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

11/2/01

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

Date

10/31/01

Daytime Phone #

(785) 895-1000



2082

ACCOUNT NO. : 072100000032
REFERENCE : 285170 129801A
AUTHORIZATION : *Patricia Pizit*
COST LIMIT : \$ 900.00

ORDER DATE : November 1, 2001

ORDER TIME : 9:20 AM

ORDER NO. : 285170-025

CUSTOMER NO: 129801A

CUSTOMER: Ms. Kathleen Blazek
Capital One Financial
8000 Jones Branch Drive

Mc Lean, VA 22102

RECEIVED
01 NOV - 2 AM 10-23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CAPITAL ONE SERVICES, INC.
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext. 1133

EXAMINER'S INITIALS: _____