

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005496

1. Corporation Name

PRIME CAPITAL SERVICES, INC.

Principal Place of Business

Mailing Address

11 RAYMOND AVENUE
POUGHKEEPSIE NY 12603

11 RAYMOND AVENUE
POUGHKEEPSIE NY 12603

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1996

5. FEI Number

14-1691322

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	RYAN, MICHAEL P	1 DALLAS DRIVE	POUGHKEEPSIE NY 12603
V	PORPORA, RALPH A	5 BIRKDALE COURT	POUGHKEEPSIE NY 12603
VP	POVINELLI, THOMAS	74 ROCK MAPLE RD	GREENWICH CT 06830

500024567835

11/10/03--01082--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/5/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03

Date

Daytime Phone #

(845) 485-
3338 x.4249

CR2E040 (7/03)



11 Raymond Ave.
Poughkeepsie, N.Y. 12603

November 3, 2003

845-485-3300

845-473-3232 fax

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Document # F96000005496

To Whom It May Concern:

Please accept this as a written request to waive the \$600.00 reinstatement fee. We never received the two prior uniform business report notices. This notice was the first and ONLY notice received from the Florida Department of State.

Thank you in advance for your help.

Regards,

A handwritten signature in black ink, appearing to read "M. Ryan", with a long, sweeping horizontal line extending to the right.

Michael P. Ryan
President