

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 DEC -3 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002119

1. Corporation Name

CAPITAL BASE CORPORATION

Principal Place of Business

Mailing Address

C/O G.MAYNARD.BURR & FORMAN LLP  
600 W.PEACHTREE ST.STE 1200  
ATLANTA GA 30308

C/O G.MAYNARD.BURR & FORMAN LLP  
600 W.PEACHTREE ST.STE 1200  
ATLANTA GA 30308

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

2. New Principal Office Address, If Applicable

4001 Presidential Pkwy  
Suite, Apt. #, etc. S. 1506

City & State Atlanta GA

Zip 30340 Country DeKalb

3. New Mailing Office Address, If Applicable

4001 Presidential Pkwy  
Suite, Apt. #, etc. S. 1512

City & State Atlanta GA

Zip 30340 Country DeKalb

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1998

5. FEI Number

58-1968989

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3         | City / State / Zip<br>4                    |
|---------------|---|--|--|
| CP            | ZOHOURI, FRED S                           | 005 PERRINS SPRINGS CT<br>4001 Presidential Pkwy<br>Suite 1512 | LAWRENCEVILLE GA 30046<br>Atlanta GA 30308 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

ROSEN, MARK L  
18250 NW 2ND AVENUE  
SUITE C  
MIAMI FL 33169

9. Name and Address of New Registered Agent

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

Mark L. Rosen

REGISTERED AGENT MUST SIGN

Date

11/05/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

30340

6785971262

Date

Daytime Phone #

CR2E040 (7/03)