

JUN - 9 1999 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # G49390

1. Corporation Name

CAPCO Properties Inc.

Principal Place of Business

Mailing Address

8617 SW 68th Court
Miami, FL 33143

8617 SW 68th Ct
Miami, FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter corrector 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
07/08/1983

5. FCI Number
59-234-1231

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$675 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Leonard Caplin	513 Marmore Ave	Coral Gables, FL 33146
V.P.	Todd Caplin	13421 SW 69th Ct.	Miami, FL 33156
V.P.	Rick Caplin	545 Needle Blvd.	32953 Merritt Island, FL
Treas.	Marilyn Caplin	513 Marmore Ave	Coral Gables, FL 33146
			810000250382444-2 -06/17/99-01096-02 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Leonard Caplin
513 Marmore Ave
Coral Gables, FL 33146

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 607.0806, F.S.

Signature of Registered Agent

Leonard Caplin

REGISTERED AGENT MUST SIGN

Date 6/9/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible Tax)

12. 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)(f), 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

Leonard Caplin

6/9/99

305 663-1521

Signature and Typed or Printed Name of Signing Officer or Director

Date

Florida Phone #