

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J05778**

1 Corporation Name

CAPITAL GENERAL CORPORATION

FILED

97 JAN -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

**4375 BRAINY BORO STATION
METUCHEN, NJ 08854**

SAME

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

2 New Mailing Address, If Applicable

3 New Principal 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

5 FEI Number

Applied For

Not Applicable

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)

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
CHAIRMAN	MARVIN A. ROSENBLUM	110 CLIVE ST.	EDISON, NJ. 08820
PRES. GENERAL COUNSEL DIRECTOR	DANIEL A. ZIMMERMAN	624 OAKWOOD COURT	WESTBURY, NY 11590

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES
502 E. PARK AVE.
TALLAHASSEE, FL 32302**

**NAME: UCC FILING & SEARCH SERVICES, INC.
STREET ADDRESS (P.O. Box Number is Not Acceptable): 526 E. PARK AVE.
SUITE, APT. #, ETC.: SUITE 200
CITY: TALLAHASSEE
STATE: FL
ZIP CODE: 32301**

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

Dale B. Gonyea
REGISTERED AGENT MUST SIGN

Date **1/8/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

ORIGINAL
SIGNATURE:

Marvin A. Rosenblum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARVIN A. ROSENBLUM
CHAIRMAN OF THE BOARD / SECRETARY

Date **1/2/97** 908-549-3100
Daytime Phone #