

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # J05778

1. Corporation Name

CAPITAL GENERAL CORPORATION

Principal Place of Business

Mailing Address

4375 BRAINY BORO STATION
METUCHEN NJ 08820

4375 BRAINY BORO STATION
METUCHEN NJ 08820

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

1011 N. Bon Marche Dr.
Suite F

Suite, Apt. #, etc.

City & State

City & State

Baton Rouge, LA

Zip 70806

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/21/1986

5. FEI Number

43-6256121

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
16	ROSENBLUM, MARVIN A	110 OLIVE STREET	EDISON NJ 08820
PGSD	ZIMMERMAN, DANIEL A	624 OAKWOOD COURT	WESTBURY NY 11590
PSTD	DICKERSON, WILLIAM D.	8508 Shady Knoll Place	Baton Rouge, LA 70818

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.
528 E. PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

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.

Signature of Registered Agent

Ed Hand fus.

Date 6/22/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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:

William D. Dickerson William D. Dickerson

6-14-99 225-925-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)