

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

548731

CAPT. I-ROCKS, INC.

REINSTATEMENT 96-02

200009019652
11/15/02--01034--001 **1650.00

2. Principal Office Address

108 Waterford Falls Dr. 108 Waterford Falls

Suite, Apt. #, etc.

Canton, GA 30114

City & State

Canton, GA 30114

3. Mailing Office Address

108 Waterford Falls

Suite, Apt. #, etc.

Canton, GA 30114

City & State

Canton, GA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/24/1986

5. FEI Number

592795915

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brian E. Johnson

Street Address (P.O. Box Number is Not Acceptable)

7190 Seminole Boulevard

Suite, Apt. #, Etc.

City

Seminole

State
FL

Zip Code

33772

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/04/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	CAPINEGRO, ANTHONY	108 Waterford Falls Dr.	Canton, GA 30114

10. 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

Date

Daytime Phone #

11-1-02 No. 591-7499

CR2E081 (9/01)

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