

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 18 AM 10:47

1. DOCUMENT # L02000002646

Name and Mailing Address

0014362 01 AT 0.292 **AUTO T2 0 0615 34103-852609



CAPSTONE ELECTRIC, LLC
4309 CRAYTON ROAD
NAPLES FL 34103-8526



2. New Mailing Address

3030 39th St. S.W.

City, State, Zip

NAPLES FL 34117-8463

Principal Place of Business

4309 CRAYTON ROAD
NAPLES FL 34103

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/30/2002

6. FEI Number

743027522

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

WOLFF, CASEY
801 ANCHOR RODE DR., STE 203
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

000024570000

11/10/03--01095--008 **155.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 4 Nov 2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	PAUL O'CALLAGHAN	3030 39th St. S.W.	NAPLES FL 34117-8463

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of
Managing Member/Manager

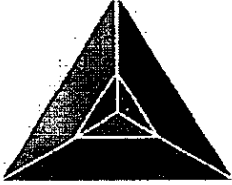
REINSTATEMENT

Date 11. 4. 03

Daytime Phone # 239. 825 7226

Typed or printed name of signing Managing Member/Manager

PAUL F. O'CALLAGHAN



CAPSTONE ELECTRIC

3030 39th St. S.W. Naples FL 34117-8463

Phone (239) 825-7226

Fax (239) 354-1076

Lordsraker@earthlink.net

CAPSTONE ELECTRIC CAPSTONE ELECTRIC CAPSTONE ELECTRIC CAPSTONE ELECTRIC CAPSTONE ELECTRIC CAPSTONE ELECTRIC

Dear Glenda (E.Hood),

Thank you about the information regarding the dissolution of my company. I notice that you refer to a June 30th 2003 warning of intent to dissolve or revoke my company. I have received no such warning and would like to ensure that we can avoid such a dreadful recurrence in the future.

Please ensure that any important mail regarding Capstone Electric is mailed to the address below:

3030 39th Street SW

Naples

FL 34117-8463

I have enclosed the payment for the various charges as laid out by your department and have requested a certificate of status. The warning notice that you refer to was not received at our attorney's office nor at our original registered office on Crayton Road.

Thank you for your help in accomplishing this.

Paul F.O'Callaghan.

Paul F.O'Callaghan