

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 18 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95022**

1. Corporation Name

KAPCO INC

REINSTATEMENT 96-00

Principal Place of Business

**5555 NO. INDIANA AVE
ENGLEWOOD FL 34223**

Mailing Address

**569 SILK OAK DR
VENICE FL 34293**

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

2. New Principal Office Address, If Applicable

569 SILK OAK DR

Suite, Apt. #, etc.

City & State

VENICE FL.

Zip

34293

Country

U.S.A.

3. New Mailing Office Address, If Applicable

569 SILK OAK DR

Suite, Apt. #, etc.

City & State

VENICE FL

Zip

34293

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-1990

5. FEI Number

65-0211448

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
P	Alex m. Petrillo	569 SILK OAK DR	VENICE FL. 34293

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*****1358.75 ***1358.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Alex m. Petrillo

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

569 SILK OAK DR.

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

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

Alex m. Petrillo

REGISTERED AGENT MUST SIGN

Date **10-11-00**

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)(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.

S. PAYNE

DEC 19 2000

SIGNATURE:

Alex m. Petrillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-11-00

Daytime Phone #

941-497-5749