

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 FEB 25 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100002098601--3  
-02/26/97--01069--007  
\*\*\*\*\*367.50 \*\*\*\*\*367.50

DOCUMENT # NV4000001947

1. Corporation Name

American Paralegal Council, Inc

Principal Place of Business

Mailing Address

153 E. Palmetto Park Rd  
Suite 106

Boca Raton, FL 33432

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

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
Pres.	Richard S. Capozzali	21094 Las Bajas Circle Boca Raton, FL 33432	Boca Raton, FL 33432
Director	Robert Beaven	860 NE 76 Street	Boca Raton, FL 33487
Director	Nancy Beaven	860 NE 76 Street	Boca Raton, FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gary Sherman ESQ  
600 South Andrews Ave  
Suite 405  
Ft Lauderdale, FL 33301

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

Gary Sherman

REGISTERED AGENT MUST SIGN

Date 2/13/97

11. 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.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard S. Capozzali* President

2/15/97

Date

561-368-2521

Daytime Phone #

CR2E040 (12/96)