

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS

01 DEC 26 AM 10:57

DOCUMENT #

1. Corporation Name

CapaTampa, Inc
P00000053378

2. Principal Office Address

3920 Redge Av

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33603

County Hills

3. Mailing Office Address

3920 Redge Av

Suite, Apt. #, etc.

City & State

Tampa FL

Zip 33603

County Hills

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/2000

5. FEI Number

59-3653380

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 Frank C. Cruz

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

3920 Redge Avenue

Suite, Apt. #, Etc.

City Tampa, FL

State
FL

Zip Code 33603

800004764308-7

-01/10/02--01017--018

****150.00 ****150.00

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

X Frank C. Cruz

REGISTERED AGENT MUST SIGN

Date 11-19-01

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
Pres	Frank C. Cruz	3920 Redge Av	Tampa, FL 33603
Sec	Eduardo Cruz	2911 Palmetto	Tampa, FL 33607

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:

X Frank C. Cruz

Frank C. Cruz/Pres

11-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

CapaTampa, Inc.
2911 W. Palmetto
Tampa, Florida 33607
813-875-0757
813-354-1337 Fax

October 22, 2001

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Re: CapaTampa, Inc

On October 15, 2001, we received the forms to re-instate the above corporation. This was the first notification that was received. The last notification was received due the kindness of the postal worker, which remember our correct address.

The address stated on this application is incorrect. The correct address is:

CapaTampa, Inc.
2911 W. Palmetto
Tampa, FL 33607

This is the first year being incorporated and we respectfully request to submit our application without any penalties. Any help you can extend on this matter is deeply appreciated.

Sincerely,



Eduardo Cruz
President