

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED

05 FEB 14 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000086800

1. Corporation Name

Law Offices of Marie C. Capita-Alezi, P.A.

2. Principal Office Address

3868 Sheridan Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

Broward

3. Mailing Office Address

3868 Sheridan Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

Broward

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

09-11-2000

5. FEI Number

651039922

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

Marie C. Capita-Alezi

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

3868 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Marie C. Capita-Alezi
REGISTERED AGENT MUST SIGN

Date

2/10/05

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
P,V,S,T	Marie C. Capita-Alezi	3868 Sheridan Street	Hollywood, FL 33021

500047346905
02/28/05--01004--017 **450.00

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:

Marie C. Capita-Alezi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/05

Daytime Phone #

954-465-5002

CR2E081 (01/05)

LAW OFFICES OF MARIE C. CAPITA-ALEZI, P.A.

3868 Sheridan Street
Hollywood, Florida 33021

Tel.: (954) 965-5002
Fax: (954) 889-0558

February 10, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

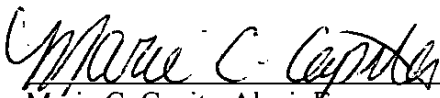
Re: Reinstatement

To Whom It May Concern:

Please be advised that I did not receive the Annual Report Form for 2003. My office address has changed and the report was mailed to the old address.

Thank you for your cooperation in this matter.

Sincerely,



Marie C. Capita-Alezi, Esq.

Charter Number Only

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Law Offices of Capita + Ducheine

Requestor's Name

3868 Sheridan St

Address

Hollywood, FL 33021

City

State

Zip

Phone

CORPORATION(S) NAME

Law Offices of Marie C. Capita-Alezi,
P.A.

RECEIVED

05 FEB 14 AM 10:20

STATE
DEPARTMENT OF CORPORATIONS
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028