

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000018659

1. Corporation Name

CAPITAN POP, INC.
13049 SW 122 AVE
MIAMI, FL. 33186

2. Principal Office Address
13049 SW 122 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

Zip Country
33186 USA

Zip Country

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

5. FEI Number
65-1079340

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
PERTICA, DANIEL J.

Street Address (P.O. Box Number is Not Acceptable)
13049 SW 122 AVE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33186

100056693601
06/29/05-01051-001 **105.00

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

REGISTERED AGENT MUST SIGN

Date 06/24/2005

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
PS/D	PERTICA, DANIEL	13049 SW 122 AVE	MIAMI, FL. 33186
VP/D	BALSEIRO, CARLOS A.	13049 SW 122 AVE	MIAMI, FL. 33186
TR/D	KORN, LEANDRO I.	13049 SW 122 AVE	MIAMI, FL. 33186

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)(f), 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

Date

Daytime Phone #

06/24/2005

FILED

05 JUN 29 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CR2E081 (01/05)