

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 9:56

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033989

1. Corporation Name

CAPITAL PROPERTIES & SERVICES, INC.

2. Principal Office Address

4956 S. TAMiami TR.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

US

REINSTATEMENT 02-03

11-27-02 01054 016 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

3-30-2001

5. FEI Number

05-1100226

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

GEORGE BARBER

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

4956 S. TAMiami TR.

Suite, Apt. #, Etc.

City

SARASOTA,

State
FL

Zip Code

34231

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

2/25/2003

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
DIR.	FREDERICK J. BELES	4956 S. TAMiami TR.	SARASOTA, FL 34231
PRES.	P. DAVID GREENBERG	4956 S. TAMiami TR.	SARASOTA, FL 34231
			000013553870 03/05/03--01072--008 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/2003

Daytime Phone #

941
921-1000

CR2E081 (10/02)