PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UBR

DOCUMENT # **P01000058533**

1. Corporation Name

CAP CO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
8313 BALGOWN RD. MIAMI LAKES FL 33016	8313 ~~BALGOWN RD.~~ MIAMI LAKES FL 33016

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	8313 BALGOWAN Road
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/11/2001

5. FEI Number: 65-1122868 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CAPRA, RICHARD JOHN	8313 ~~BALGOWN RD.~~	MIAMI LAKES FL 33016
		BALGOWAN RD.	
		200008645852 10/29/02--01043--023 **150.00	

8. Name and Address of Current Registered Agent

CAPRA, RICHARD JOHN
8313 ~~BALGOWN RD.~~ BALGOWAN RD
MIAMI LAKES FL 33016

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10-24-02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 10-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cap. Co. Industries, Inc.
8313 Balgowan Road
Miami Lakes, FL 33016

2 of 2

FLA. DEPT. of STATE
Jim Smith
Secretary of State
Divisions of Corporations

OCT. 24, 2002

As per directed, since this is my first AND ONLY Notification regarding any Prior UBR Notices - I AM REQUESTING Immediate ReInstatemt of my Corporation. Enclosed Please find Appropriate UBR filing Fee with OUT PENALTY. Please Note incorrect spelling of Mailing Address.

THANK You for your immediate ATTENTION!

Sincerely

President

Cap. Co. Industries, Inc.
8313 Balgowan Road
Miami Lakes, FL 33016

(TD CK# 1109 $150.00)