

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -8 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CAPAX CORPORATION

DOCUMENT # P01000061280

2. Principal Office Address

600 S.FEDERAL HWY

3. Mailing Office Address

600 S.FEDERAL HWY

Suite, Apt. #, etc.

223

Suite, Apt. #, etc.

223

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06-20-2001

5. FEI Number

65-1116290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

RUI S CUNHA

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

600 S.FEDERAL HWY

Suite, Apt. #, Etc.

223

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

[Signature]

Date

07/28/05

REGISTERED AGENT MUST SIGN

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
PSTD	RUI S CUNHA	600 S.FEDERAL HWY SUITE 223	DEERFIELD BEACH, FL - 33441

700058352887
08/08/05--01071--003 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/28/05

CR2001 (01/05)

2057

CAPAX CORPORATION
600 S. Federal Hwy – Suite 223
Deerfield Beach, FL - 33441

2004 FOR PROFIT CORPORATION – ANNUAL REPORT

Document # P01000061280

Statement of Reasonable Cause – Ignorance of the Law/Dates/Address Changes

Why I am late?

To whom it may concern:

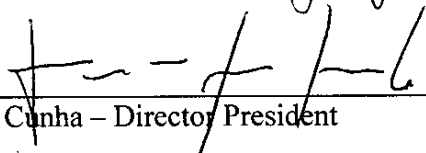
Renewing 2003, 2004 and 2005 for Profit Corporation – Annual Report was filed late because I was unaware of the law regarding dates and I did not received any Form or Mail from Department of State in order to renew my 2003, 2004 and 2005 Annual Report, also the address of my Corporation has been changed to 600 S. Federal Hwy – Suite 223 – Deerfield Beach, FL – 33441 although I understand that I am expected to make reasonable efforts to determine all of my tax/licensing obligations.

I was not informed of the renew process by my current Accountant nor by any state or local licensing official. I am sending the required form and the Annual Report payment for the year 2003, 2004 and 2005 as well.

I believe that I exercised ordinary business care and prudence and that I made reasonable efforts to become aware of all taxes and licenses for which I might be liable. I believe that my unawareness of this Annual Report is reasonable cause for the Relief for the late Fee.

I declare under penalties of perjury that the above information is true, correct, and complete to the best of my knowledge and belief.

Signed this 28th day of July, 2005.



Rui S Cunha – Director/President

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

PAULO OLIVEIRA AT 954-257-1712