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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -6 AM 10:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000007335

1. Corporation Name

CAPISCE, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
4600 NW 93 DORAL CT.	4600 NW 93 DORAL CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33178 County: U.S.A	Zip: 33178 County: U.S.A.

4/ Date Incorporated or Qualified To Do Business In Florida: 01/22/2002

5. FEI Number: 01-0582857 (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: RICARDO RUSSO

Street Address (P.O. Box Number is Not Acceptable): 873 GARNET CIRCLE

Suite, Apt. #, Etc.:

City: WESTON State: FL Zip Code: 33326

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of registered Agent ✓ Date

REGISTERED AGENT MUST SIGN

CR2E031 (01/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARIO RUSSO-SARTI	4600 NW 93 DORAL CT.	MIAMI, FLORIDA 33178
D	BEATRIZ RUSSO	4600 NW 93 DORAL CT.	MIAMI, FLORIDA 33178

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 #

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CAPISCE, INC.

Certificate of Status	1
Certified Copy	0
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