PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000013708

1. Corporation Name

CAP ESTATE INVESTMENT CORP.

Principal Place of Business

Mailing Address

9811 MAJORCA PLACE **BOCA RATON FL 33434**

SIGNATURE:

9811 MAJORCA PLACE **BOCA RATON FL 33434**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

600024198226 10/28/03--01035--003 **150.00

REINSTATEMENT 03

FILED

03 OCT 28 AM 10: 44

SECHETARY OF STATE TALLAHASSEE, FLORIDA

				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/07/2002 -			
Suite, Apt. #, etc Suite, Apt. #				, etc						
City & State City & State							27-0001360			Applied For Not Applicable
Zip Country			Zip	Zip C		6. CERTIFICATI		E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	Idresses of Each Officer and	I/or Director (Flo	orida nonprof	it corpora	itions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / 5	State / Zip	,
PD	KUHNEL, KAREN			3 05 NE 57H 67 .				BOCA-PATON-FL-33492		
				9811	TTX	аургса	Place	BocaRato	<u> </u>	F1 33434
						1 111				
							1			
	8. Nam	ne and Address of Current	int	Name and Address of New Registered Age				Agent		
KUHNEL, KAREN 365-NE-5TH-ST. BOGA-BATON FL 33432 Boca Raton				El		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
			<u>პ</u>	15456	<u> </u>	City		FL		-oue
10. I, being Signature c Registered	Δ	Jaren X) Juhae	oration, am fa		h and accept the ob	ligations of Section	Date JD 9	05, F.S.	
11. I certify	/ that I am an o	ifficer or director or the recei	iver or trustee en	npowered to	execute t	this application as p	rovided for in cha	apter 607 or 617, F.S. I furthe	er certify th	hat 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAP Estate Investment Corporation

October 23, 2003

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, Florida 32314-6327

To Whom It May Concern:

Please be advised that I am requesting that the reinstatement fee be waived. I never received by UBR as my address was never updated, even after I sent a letter requesting that it be done. It was only updated three weeks ago when I spoke with someone from the Division of Corporations and she gave me a fax number to update it. I enclose a copy of said letter.

I enclose a check in the amount of \$150.00 for the report fee only. I appreciate your consideration in this matter. Should you wish to speak with me, please contact me at 561-883-1203.

Thank you in advance.

Sincerely,

Karen Kuhnel President

/kk

CAP Estate Investment Corporation Karen Kuhnel

9811 Majorca Place Boca Raton, Florida 33434 561-883-1203

Ms. Karen Gibson
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Via Facsimile: CAP ESTATE INVESTMENT CORPORATION

Dear Ms. Gibson:

Per our telephone conversation today, please be advised that I need to change my mailing and principal address and phone number for the above noted company. The new address and phone numbers are listed on this letterhead. Also, I would like to include my EIN number which is 27-0001360.

Sincerely,

Karen Kuhnel President

/kk