

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 # P02000103152

1. Corporation Name

THE CAPOZZI GROUP, INC.

Principal Place of Business

Mailing Address

3303 LEE BLVD.  
LEHIGH ACRES FL 33971

3303 LEE BLVD.  
LEHIGH ACRES FL 33971

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

GEORGE CAPOZZI

CAPOZZI GROUP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8438 LANGSHIRE WAY

PO BOX 97

City & State

City & State

FT MYERS FL

LEHIGH ACRES 33970

Zip

Country

Zip

Country

33912

LEE

33970

LEE

REINSTATEMENT 03



200025489882  
12/15/03--01013--016 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2002

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CAPOZZI, GEORGE J	9 ECLIPSE AVE.	NORTWLK CT 06851
D	CAPOZZI, JOANN	3303 LEE BLVD.	LEHIGH ACRES FL 33971
			200025489882 01/02/04--01051--020 **500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BOND, MICHAEL~~  
1845 MONTE VISTA STREET  
FORT MYERS FL 33901

Name

GEORGE CAPOZZI

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

8438 LANGSHIRE WAY

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33912

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

*George Capozzi*  
REGISTERED AGENT MUST SIGN

Date

12/26/03

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:

*George Capozzi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE CAPOZZI

Date

12/4/03 239 267 7857

Daytime Phone #

CR2E040 (7/03)