

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000131032**

1. Corporation Name

G.E.O. CAPITAL CORPORATION

Principal Place of Business

Mailing Address

24862 U.S. HIGHWAY 19 NORTH SUITE 2802
CLEARWATER FL 33763

24862 U.S. HIGHWAY 19 NORTH SUITE 2802
CLEARWATER FL 33763



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

57-1151669

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OPALEWSKI, GARY	24862 U.S. HIGHWAY 19 NORTH SUITE	CLEARWATER FL 33763

100023764491
10/13/03--01093--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OPALEWSKI, GARY E
24862 U.S. HIGHWAY 19 NORTH SUITE 2802
CLEARWATER FL 33763

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10/9/03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY E. OPALEWSKI

10/9/03 (727) 726-0772
Date Daytime Phone #

CR2E040 (7/03)



G.E.O. CAPITAL CORPORATION

24862 US Hwy 19N, Suite 2802 ★ Clearwater, FL 33763 ★ Ph: (727) 726 0772 ★ Facsimile (727) 726 0009

October 9, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement fee waiver

Dear Sir or Madam:

GEO Capital is a new, for-profit corporation established December 12, 2002 and in its first year of operation. I regret we have not received the two prior UBR notices. Attached hereto is the completed UBR as requested. I request waiver of reinstatement late fees and enclose a check for \$150 filing fee.

Sincerely,
GEO Capital Corporation

Gary E. Opalewski, CLP
President



These documents contain confidential information of GEO Capital Corporation which is privileged communication. This information is intended for the sole use of the individual or entity named on this document. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of these contents in any form is prohibited. If you have received this material in error, please notify us by telephone immediately so that we may arrange retrieval of the original documents at no cost to you. (727) 726 0772.

