

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023283

1. Entity Name  
CAPC INC.



FILED

05 OCT 14 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
901 PONCE DE LEON BLVD., STE. 603  
CORAL GABLES, FL 33134

Mailing Address  
901 PONCE DE LEON BLVD., STE. 603  
CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-0126005

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM H ESQ.  
901 PONCE DE LEON BLVD., STE. 603  
CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William H. Albornoz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/6/05

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D BORGIO, CARLOS R  
STREET ADDRESS  
901 PONCE DE LEON BLVD., STE. 603  
CITY-ST-ZIP  
CORAL GABLES, FL 33134

☐ Delete

TITLE  
NAME  
President, Vice President Secretary, Treasurer, Director  
STREET ADDRESS  
Rosario Rodriguez Borgio  
CITY-ST-ZIP  
901 Ponce De Leon Blvd., Suite 603  
Coral Gables, Florida 33134

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rosario Rodriguez Borgio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sept 8, 2005*

DATE

Designation # 305-6144-1741