2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB 25 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000083885

1. Entity Name
CAPITAL FORCE, INC.

Principal Place of Business
3302 CHARLES MACDONALD DRIVE
SARASOTA, FL 34240-36

Mailing Address
3302 CHARLES MACDONALD DRIVE
SARASOTA, FL 34240

REINSTATEMENT 01082008 REIN-P CR2E098 (1/07) 01-07-08

2. Principal Place of Business - No P.O. Box #
538 12th St. W
Suite, Apt. #, etc.

3. Mailing Address
538 12th St. W
Suite, Apt. #, etc.

City & State: Bradenton FL
Zip: 34205 Country: US

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Zip: 34205 Country: US

4. FEI Number
65-1106997
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMAD, WAIEL
1922 7TH AVE. APT. 11
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name: JOHN W. KAKLIS
Street Address (P.O. Box Number is Not Acceptable)
538 12th St. W.
City: BRADENTON FL Zip Code: 34205

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: John Kaklis

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUSSANI, NEIL 3302 CHARLES MACDONALD DRIVE SARASOTA, FL 34240 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400118753474 02/25/08--01053--022 **900.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Neil M. Hussani Jan, 13, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #

B. Mitchell FEB 25 2008