

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP -2 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000114068

1. Corporation Name

Michael Caputo Public Relations

2. Principal Office Address - No P.O. Box #

2020 NE 135th Street

Suite, Apt. #, etc.

204

City & State

North Miami, Florida

Zip

33181

Country

USA

3. Mailing Office Address

12864 Biscayne Blvd

Suite, Apt. #, etc.

332

City & State

North Miami, Florida

Zip

33181

Country

USA

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 2003

5. FEI Number

16-1686303

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael R Caputo

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

2020 NE 135th St

Suite, Apt. #, Etc.

204

City

North Miami

State

FL

Zip Code

33181

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 28 Aug 08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Michael R Caputo	2020 NE 135th St #204	N Miami/FL/33181

200135230337
09/02/08--01050--017 **1350.00

10. 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 contained in Chapter 119, 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

MICHAEL R Caputo

Date

28 Aug 08

Daytime Phone #

305-733-3431