2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000082809

City-St-Zip:

PALM HARBOR, FL 34684

FILED Jul 19, 2006 Secretary of State

Entity Na	me: CAPTAII	NSCOOP.COM, INCORPORAT	ED		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3808 MARTIN LUTHER KING BLVD. TAMPA, FL 33610				4318 WEST SAN JUAN STREET TAMPA, FL 33629	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
3808 MARTIN LUTHER KING BLVD. TAMPA, FL 33610				4318 WEST SAN JUAN STREET TAMPA, FL 33629	
FEI Number	: 20-1186683	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MCCULLOCH, MICHAEL 3808 MARTIN LUTHER KING BLVD. TAMPA, FL 33610 US			4318 WEST SÂN J	MCCULLOCH, MICHAEL 4318 WEST SAN JUAN STREET TAMPA, FL 33629 US	
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: M. G. MCCULLOCH				07/19/2006	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCCULLOCH	JUAN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (AMATO, JOHN 3808 E. MLK I TAMPA, FL 3	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () MIRANDA, PA 3682 SAPPHII		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: M. G. MCCULLOCH 07/19/2006 P, D