

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT APPLICATION
 FLORIDA DEPARTMENT OF STATE
 Division of Corporations
 J. Mortham
 Secretary of State

DOCUMENT # P92000002062

1. Corporation Name

CAPTIVE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~14802 NORTH DALE MABRY~~
~~SUITE 205~~
~~TAMPA FL 33618~~

~~14802 NORTH DALE MABRY~~
~~SUITE 205~~
~~TAMPA FL 33618~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 13902 N. Dale Mabry

3. New Mailing Office Address, If Applicable
 13902 N. Dale Mabry

Suite, Apt. #, etc.
 Suite 149

Suite, Apt. #, etc.
 Suite 149

City & State
 Tampa, FL

City & State
 Tampa, FL

Zip
 33618

Country
 USA

Zip
 33618

Country
 USA

4. Date Incorporated or Qualified
 To Do Business in Florida

11/04/1992

5. FEI Number

59-3173138

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	CILLO, JOSEPH P	14802 NORTH DALE MABRY	TAMPA FL 33602
		13902 N. Dale Mabry Ste 149	Tampa, FL 33618

7000002196727--1

-05/30/97--01119--002
 ***365.00 ***365.00

JB 5-28-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CILLO, JOSEPH P.

~~14802 NORTH DALE MABRY~~
~~SUITE 205~~
~~TAMPA FL 33618~~

Name

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

13902 N. Dale Mabry

Suite, Apt. #, Etc.

Suite 149

City

Tampa

State

FL

Zip Code

33618

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.

Signature of
 Registered Agent

Date

5/21/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
 Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
 on Intangible tax.)

12. 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)(l), 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.

Joseph P. Cillo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/97

813

963-0004

CR2040 (7/96)

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Captive Management Systems, Inc.
13902 N. Dale Mabry, Suite 149
Tampa, Florida 33618

(813) 963-0004
(813) 968-6415 Fax

(800) 963-5120

May 21, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sent via U.S. Mail

Re: Captive Management Systems, Inc.
Application for Reinstatement

Dear Sir/Madam:

Per Leslie of your office, enclosed please find a check in the amount of Three Hundred Sixty Five (\$365.00) Dollars for the reinstatement fee for 1996 and 1997, as well as a completed Application for Reinstatement form. Said form was inadvertently sent to our previous mailing address which was 14802 N. Dale Mabry, Suite 205, Tampa, FL 33618.

In closing, should you have any questions and/or comments, please do not hesitate to contact me directly.

Very truly yours,



Joseph P. Cillo
Only as President of
Captive Management Systems, Inc.

JPC/kv
Enclosures