


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000075518**

1. Corporation Name

CAPCO VENDING, INC.

Principal Place of Business

Mailing Address

~~1700 N.E. 63RD COURT~~
~~FT. LAUDERDALE FL 33334~~

1700 N.E. 63RD COURT
FT. LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

311 S.E. 5th AVENUE

Suite, Apt. #, etc.

POMPANO BEACH, FL.

Zip **33060** Country **USA**

3. New Mailing Office Address, If Applicable

311 S.E. 5th AVENUE

Suite, Apt. #, etc.

POMPANO BEACH, FL.

Zip **33060** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1993

5. FEI Number

65-0438719

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	NEWMARK, ALLEN J ALAN	1700 N.E. 63RD COURT 311 S.E. 5 th AVENUE	FT. LAUDERDALE FL 33334 POMPANO BEACH, FL. 33060
V	NEWMARK, BARBARA C	1700 NE 63 CT 311 S.E. 5 th AVENUE	FORT LAUDERDALE FL 33334 POMPANO BEACH, FL. 33060

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******150.00 ****150.00**

8. Name and Address of Current Registered Agent

ALAN
NEWMARK, ALLEN J
1700 N.E. 63RD COURT
FT. LAUDERDALE FL 33334
311 S.E. 5th AVENUE
POMPANO BEACH, FL. 33060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11-27-01

11. 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)(i), 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

BARBARA C. NEWMARK

Date

Deutime Phone #

954-788-3476

CR2E040 (8/01)

CAPCO VENDING, INC.

311 S.E. 5th Avenue, Pompano Beach, FL. 33060

November 27, 2001

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

Re: Document # P93000075518

To Whom It May Concern,

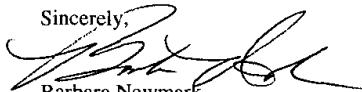
We never received the forms to maintain active status, and just recently received the Notice of Dissolution because of the change of address of the corporation. I phoned and was told that in fact the forms had been returned to you by mail.

Per your instructions I have enclosed the form for reinstatement with the necessary changes and the fee of \$150.00.

Please return Capco Vending, Inc. to active status.

Thank you.

Sincerely,



Barbara Newmark
Vice President