

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -8 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013031

1. Corporation Name

CAPELLO ETC., INC.

Principal Place of Business

Mailing Address

5275 RED BUG RD #21
WINTER SPRINGS, FL 32708

421 S. SUNSET DR
CASSELBERRY FL
32707

400002006544--3
-11/18/96--01002--004
*****575.00 *****575.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

2-14-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3233932

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
C	CYNTHIA AUTILIO	421 S. SUNSET DRIVE	CASSELBERRY FL 32707
S	LENNIE FIDRAUANTI	4918 SUDBURY COURT	ORLANDO, FL 32826

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CYNTHIA AUTILIO
445 W. SR 436
ALTAMONTE SPRINGS, FL
32714

Name
CYNTHIA AUTILIO
Street Address (P.O. Box Number is Not Acceptable)
421 S. SUNSET DR
Suite, Apt. #, Etc.
City
CASSELBERRY
State
FL
Zip Code
32707

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

Cynthia Autilio

REGISTERED AGENT MUST SIGN

Date 10-1-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Cynthia Autilio CYNTHIA AUTILIO

10-1-96

407-699-5662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #