

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000015980*

1. Corporation Name

CAPITAL CONSTRUCTION, INC.

2. Principal Office Address

11340 So. TROPICAL TRAIL

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

Zip

32952

Country

BREVARD

3. Mailing Office Address

1861 So. PATRICK DRIVE

Suite, Apt. #, etc.

PMB 139

City & State

*INDIAN HARBOUR
FL BEACH*

Zip

32937

Country

BREVARD

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

2-28-94

5. FEI Number

59-3227337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

SHAUNY S. KRONFIELD

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

11340 So. TROPICAL TRAIL

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32952

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

Shauny S. Kronfield

REGISTERED AGENT MUST SIGN

Date

*3-19-03
10-25-02*

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
<i>PRES</i>	<i>FRANK KRONFIELD</i>	<i>11340 So. TROPICAL TRAIL</i>	<i>MERRITT ISLAND, FL 32952</i>
<i>Sec/-</i>	<i>SHAUNY S. KRONFIELD</i>	<i>11340 So. TROPICAL TRAIL</i>	<i>MERRITT ISLAND, FL 32952</i>
<i>TREAS</i>			

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 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:

Shauny S. Kronfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-19-03

10-25-02

Daytime Phone #

321-779-9840

CFR2081 (9/01)

CAPITAL CONSTRUCTION, INC.
1861 South Patrick Drive #139
Indian Harbour Beach, FL 32937
FLA G.C. License #CG-C051047
(321) 779-9840
FAX (321) 779-9998

March 20, 2003

Ms. Marguritta Williams
Department of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Capital Construction, Inc.
Document # P94000015980

Dear Ms. Williams:

Pursuant to our conversation of today, enclosed is Application for Reinstatement and check in the amount of \$1,200.00 to cover cost of same. The City of Palm Bay is requesting a copy of our Corporation Registration dated before March 18, 2003. Anything you can do to help in this matter is appreciated. I will understand if you cannot do that. I will go online tomorrow afternoon and print out a copy of our reinstatement certificate. Thank you very much for your help.

Sincerely,



Shauny Kronfield
Sec/Treas