PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 OCT -8 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p94000070976

1 Corporation Name
Kapito, Inc.

Principal Place of Business
7114 Southgate Blvd
North Lauderdale, FL 33068

Mailing Address
Same

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

2 New Principal Office Address, If Applicable
Same
Suite, Apt. #, etc
City & State
Zip
Country

3 New Mailing Office Address, If Applicable
9957 Twin Lakes Drive
Suite, Apt. #, etc
City & State
Coral Springs, FL 33071
Zip 33071
County USA

4. Date Incorporated or Qualified To Do Business in Florida 09/27/94

5. FEI Number 65-0524020
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Andy Piekarski	9957 Twin Lakes Drive	Coral Springs, FL 33071
S/T	Grace Piekarski	9957 Twin Lakes Drive	Coral Springs, FL 33071

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****700.00 ****700.00

REINSTATEMENT 97

10-8-97

8. Name and Address of Current Registered Agent
Andy Piekarski
7114 Southgate Blvd
Dunkin Donuts
North Lauderdale, FL 33068

9. Name and Address of New Registered Agent
Name: Andy Piekarski
Street Address (P.O. Box Number is Not Acceptable): 9957 Twin Lakes Drive
Suite, Apt. #, Etc.
City: Coral Springs
State: FL
Zip Code: 33071

CR2E044 (1-95)

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: ✓ Andy Piekarski
REGISTERED AGENT MUST SIGN
Date: ✓ 10-2-97

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)(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: ✓ Andy Piekarski ✓ 10.7.97 954-755-3483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Grace Piekarski GRACE PIEKARSKI 10.07.97

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