

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000274

1. Corporation Name

CAPITAL CITY RADIATOR, INC.

Principal Place of Business

1711 S MONROE ST
TALLAHASSEE FL 32301

Mailing Address

5036
5036 TILLIE LANE
TALLAHASSEE FL 32310

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1995

5. FEI Number

59-3285317

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
VSTD	FAIRCLOTH, ALLENE	5036 TILLIE LANE 5036	TALLAHASSEE FL 32310
			800004672918 4
			-11/08/01--01070--009
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

FAIRCLOTH, ALLENE
5036 TILLIE LANE
TALLAHASSEE FL 32310

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

850.224-1898

Daytime Phone #

CR2E040 (8/01)

Capital City Radiator Inc.
1711 S. Monroe Street
Tallahassee, Florida 32301
(850) 224-1898 or (850) 224-0239
(850) 224-0739 fax

October 22, 2001

To Whom It May Concern:

I received a notice of administrative dissolution or revocation for failure to file 2001 taxes last week. To my knowledge I was suppose to receive a notice to file corporation taxes for 2001, which I never received one this year. I understand your letter states that there is no provision in statute to waive fees. But if I didn't receive the first notice between January 1st and May 1st or the second notice on September 12th, I feel that I shouldn't be obligated to pay the reinstatement fees. Please review my documents and wavier all service and financial fees. Thank you for your time and effort.

Thank you,

Allene Faircloth

Allene Faircloth