

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # P95000015546

1. Corporation Name
Capitol Contractors, Inc.

REINSTATEMENT *02-04*

000028414500
02/09/04--01057--013 **900.00

MRS

2. Principal Office Address
RR 4, Box 2538

Suite, Apt. #, etc.

City & State
Lake Butler, FL

Zip Country
32054 USA

3. Mailing Office Address
RR 4, Box 2538

Suite, Apt. #, etc.

City & State
Lake Butler, FL

Zip Country
32054 USA

4. Date Incorporated or Qualified To Do Business in Florida 02/23/1995

5. FET Number 59-3319135

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name James Trowell

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

000028414500
05/06/04--01072--016 **150.00

Suite, Apt. #, Etc. RR 4, Box 2538

City Lake Butler,

State Zip Code
FL 32054

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 *James Trowell*
REGISTERED AGENT MUST SIGN

Date 2/3/04

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
P	James Trowell	RR 4, Box 2538	Lake Butler, FL 32054

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: *James Trowell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 386-623-2973
Date Daytime Phone #

CR2E081 (10/02)