

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **795000033790**

1. Corporation Name

CII Mastek

2. Principal Office Address - No P.O. Box #

6 Arrow Road

Suite, Apt. #, etc.

City & State

Ramsey

Zip

07446

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NJ

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/95

5. FEI Number

59-3316481

☐ 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

David Chenkin

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

1815 Griffin Road

Suite, Apt. #, Etc.

Suite 207

City

Dania

State

FL

Zip Code

33004

REINSTATEMENT

2010 - 2012

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

Date 1/6/12

REGISTERED AGENT MUST SIGN

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
President	Jessica I. Bede	6 Arrow Road	Ramsey, NJ 07446
Treasurer	Ralph J. Monaco	6 Arrow Road	Ramsey, NJ 07446
& Secretary			

10. E-mail Address: RMonaco@capintec.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-12 811-825-9500

Date

Daytime Phone #

S. HAWKES

JAN - 2012

EXAMINER

FILED
12 JAN 19 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/18/12--01027--008 **1050.00

CR2EOR: (11/10)