

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 FEB 20 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **DA60000 94105**

1. Corporation Name
CAPITOL CITY INVESTIGATIONS INC.

Principal Place of Business Mailing Address
**10100 WEST SAMPLE ROAD P.O. BOX
CORAL SPRINGS FLORIDA 33065 8727
CORAL SPRINGS FL 33075**

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		4. Date Incorporated or Qualified To Do Business in Florida 11-18-96	
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc.		5. FEI Number 65-0745712	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVA SEE TRS Director	KEITH M. KRASNOWE	10100 W. SAMPLE Rd. CORAL SPRINGS FL 33065	500002436065--8 -02/20/98--01042--001 ****908.75 ****908.75

REINSTATEMENT 97-98

9. Alan 2/20/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KEITH M. KRASNOWE
10100 W. SAMPLE ROAD
THIRD FLOOR
CORAL SPRINGS FL 33065**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code FL

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 **Keith M. Krasnowe** Date **2/20/98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: **Keith M. Krasnowe** Feb. 20, 1998 (954) 752-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #