

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000102858

1. Corporation Name

CAP-MAR, INC.

Principal Place of Business

3365 AVIATION BLVD.  
VERO BEACH FL 32960

Mailing Address

3365 AVIATION BLVD.  
VERO BEACH FL 32960

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2511 Atlantic Blvd.

City & State

Vero Beach, Florida

Zip

32960

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1996

5. FEI Number

65-0713203

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)

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
D	CAPPELEN, RUSSELL G	2511 ATLANTIC BLVD.	VERO BEACH FL 32960
D	CAPPELEN, MARCELLA	2511 ATLANTIC BLVD.	VERO BEACH FL 32960

200002340012--8

-11/06/97-01049-018

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CAPPELEN, RUSSELL G  
2511 ATLANTIC BLVD.  
VERO BEACH FL 32960

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

REGISTERED AGENT MUST SIGN

Date 10/27/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐ NONE DUE

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

561-567-5729

Daytime Phone #

FILED

97 OCT 31 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (8/97)