

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060359

1. Corporation Name

COUNTERMEASURES INTERNATIONAL INC.

Principal Place of Business

1844 N NOB HILL RD.
SUITE 145
PLANTATION FL 33322

Mailing Address

1844 N. NOB HILL RD.
SUITE 145
PLANTATION FL 33322

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.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1997

5. FEI Number

65-0775805

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	4 City / State / Zip
DPS	CAPONE, RALPH J	1844 N NOB HILL RD., STE. 145	PLANTATION FL 33322
V	CAPONE, JOHN V	1844 N NOB HILL RD.	PLANTATION FL 33322
S	RUBINO, STEVE	1844 N NOB HILL RD.	PLANTATION FL 33322

100009321511
12/03/02--01059--018 **150.00

8. Name and Address of Current Registered Agent

CAPONE, RALPH J
1844 N NOB HILL RD.
SUITE 145
PLANTATION FL 33322

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. or 617.0505, 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 of Ralph J. Capone 11/26/02 954-4249934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

COUNTERMEASURES INTERNATIONAL INC.

November 26, 2002

Division of Corporations

Dear Sir or Madam:

I recently received a Notice of Administrative Dissolution of Revocation, this is the first packet I received from the State this year and quite frankly I forgot about the dates for annual filing. I never received as I have in the past the packets for annual filing. Please except our Fee and reinstate our company with our deepest apology's.

Sincerely,



Ralph Capone
Present

Countermeasures International Inc.