

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 OCT 19 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072027

1. Corporation Name

CAPITAL PARK HOLDINGS, INC.

Principal Place of Business

8053 EAGLES RIDGE DRIVE  
TALLAHASSEE FL 32308

Mailing Address

PO BOX 13561  
TALLAHASSEE FL 32317

REINSTATEMENT

99 AD

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3503557	
Country		Country		Applied For	
				Not Applicable	
				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	4. City / State / Zip
CFO	KYNIO, STEPHEN J	9053 EAGLE RIDGE DRIVE	TALLAHASSEE FL 32312
D	<del>SOUTHWORTH, DAN</del>	<del>2000 ST. STEPHENS DRIVE</del>	<del>TALLAHASSEE FL 32312</del>
V/DHS	SNEED, RICHARD W	4937 HIGH GROVE ROAD	TALLAHASSEE FL 32308
D	FORTIER, MICHAEL M	2158 GOLDEN EAGLE DRIVE-WEST	TALLAHASSEE FL 32312
			000003020180--0 -10/21/99--01010--019 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

SMITH, W C  
9053 EAGLES RIDGE DR  
4TH FLOOR  
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name  
STEPHEN J. KYNIO  
Street Address (P.O. Box Number is Not Acceptable)  
9053 EAGLES RIDGE DRIVE  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32312

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

Signature  
REGISTERED AGENT MUST SIGN

Date 10-19-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99 850-545-4115

Date Daytime Phone #