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|--|------------------------|--|---|---|--|
| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | 182 06 MAR -8 PM 2:23 STATE RECEIVED 02-06 | |
| DOCUMENT # P97000085251 1. Corporation Name C.A.P. Consultants, Inc. | | | | | |
| Principal Place of Business | | Mailing Address | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 6410 Granada Blvd. | | 26 | | 10/01/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3a. Date of Last Report | |
| 22 | | 27 | | 03/08/2001 | |
| City & State | | City & State | | 4. FEI Number | |
| 23 Coral Gables FL | | 28 | | 650819402 | |
| Zip | | County | | Applied For | |
| 24 33146 | | 25 | | Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | |
| 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| Carlos A Penin 100 Miracle Mile Suite 305 Coral Gables, FL 33134 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| | | | FL 33146 | | |
| 11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE <u>Carlos A. Penin by T. Baez as attorney-in-fact 03/07/2006</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | President | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Carlos A. Penin | | 1.2 NAME | | |
| STREET ADDRESS | 6410 Granada Blvd. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | | 1.4 CITY-ST-ZIP | | |
| TITLE | Director | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Carlos A. Penin | | 2.2 NAME | | |
| STREET ADDRESS | 6410 Granada Blvd. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address. | | | | | |
| SIGNATURE <u>Carlos A. Penin by Taide Baez as attorney-in-fact 03/07/2006 305-672-0686</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

2972

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: C.A.P. Consultants, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State \$750

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by T. Baez as attorney-in-fact

Name: Carlos A. Penin

Title: President

Date: 3/7/06