

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # "P98000012479"

1. Corporation Name

CAPITOL CONSTRUCTION & DEVELOPMENT CORP.

Principal Place of Business
1550 N RIDGELAKE CIRCLE
LONGWOOD FL 32750
US

Mailing Address
311 HUMMINGBIRD LANE
LONGWOOD FL 32779

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1998

5. FEI Number

59-3491046

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	PERLMAN, RICHARD S	1550 N RIDGELAKE CIRCLE	LONGWOOD FL 32750
D	PERLMAN, RICHARD S	1550 N RIDGELAKE CIRCLE	LONGWOOD FL 32750
	PERLMAN, RICHARD S		300003440883--8 10/26/00 01083 006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERLMAN, RICHARD S
1550 N RIDGELAKE CIRCLE
LONGWOOD FL 32750

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


SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-00

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

Date

Daytime Phone #

10/16/00 407-265-1150



CAPITOL CONSTRUCTION & DEVELOPMENT CORP.

October 16, 2000

FLORIDA DEPARTMENT OF STATE

Dear Sir or Madam:

MY COMPANY CAPITOL CONSTRUCTION AND DEVELOPMENT CORPORATION HAS NOT RECEIVED ANY NOTICES FROM THE STATE FOR THE YEAR 2000 WITH THE EXCEPTION OF THE ADMINISTRATIVE DISSOLUTION OR REVOCATION NOTICE. AT THIS TIME, AS PER TYRONE IN YOUR OFFICE, I AM INCLUDING A CHECK FOR ONE HUNDRED AND FIFTY DOLLARS (\$150.00) AND THE COMPLETED REVOCATION NOTICE. I WOULD LIKE TO HAVE THE FEES WAIVED AND RETURN MY CORP. BACK TO ACTIVE STATUS. THANKING YOU IN ADVANCE

Sincerely,

RICHARD S. PERLMAN/PRES.