

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000047665**

1. Corporation Name

CAPELLI, INC.

Principal Place of Business

**10131 SAN JOSE BLVD
STE 19
JACKSONVILLE FL 32257**

Mailing Address

**10131 SAN JOSE BLVD
STE 19
JACKSONVILLE FL 32257**

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.

**10092-6 San Jose Blvd
Jacksonville, FL
32257**

Suite, Apt. #, etc.

**10092-6 San Jose Blvd
Jacksonville, FL
32257**

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1998

5. FEI Number

59-3517097

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
D	GARRASI, JOE	10378 MARBLE EGRET DRIVE	JACKSONVILLE FL 32257
D	GARRASI, STEPHANIE	10378 MARBLE EGRET DRIVE	JACKSONVILLE FL 32257

8. Name and Address of Current Registered Agent

**GARRASI, JOE
10131 SAN JOSE BLVD
STE 19
JACKSONVILLE FL 32257**

9. Name and Address of New Registered Agent

Name **Joe Garrasi**
Street Address (P.O. Box Number is Not Acceptable)
10092-6 San Jose Blvd
Suite, Apt. #, Etc.
10092-6
City **Jacksonville** State **FL** Zip Code **32257**

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

Joe Garrasi

REGISTERED AGENT MUST SIGN

Date

10-22-01

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:

Joe Garrasi

Joe Garrasi

Date

10-22-01

Daytime Phone #

904-288-0200

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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****750.00 ****750.00



REINSTATEMENT

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