

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROV.  
AND  
FILED

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P99000034616*

1. Corporation Name

*Capstone Sales, Inc.  
1998 Kansas Ave. NE  
St Petersburg FL 33703*

2. Principal Office Address

*Same*

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

04-06  
CR2E08 (7/2005)

4. Date Incorporated or Qualified  
To Do Business in Florida

*4-15-99*

5. FEI Number

*59-3571899*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Kevin O Cottrill*

Street Address (P.O. Box Number is Not Acceptable)

*1998 Kansas Ave NE*

*300079508993*

*09/06/06-01019-010 \*\*\*450.00*

Suite, Apt. #, Etc.

City

*St Petersburg*

State

*FL*

Zip Code

*33703*

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Kevin O Cottrill*

Date

*8/29/06*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	<i>Cottrill, Kevin</i>	<i>1998 Kansas Ave NE</i>	<i>St Petersburg FL 33703</i>

10. 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 contained in Chapter 119, 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:

*Kevin O Cottrill* *Kevin Cottrill* *8/29/06 227-804-1781*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212

July 31, 2006

To: Division of Corporations  
Re-Instatement Division

From: Capstone Sales, Inc.  
Kevin Cottrill, Director

Document #: P99000034616

To Whom It May Concern:

It has just been brought to my attention that my corporation, **CAPSTONE SALES, INC.**, has been administratively dissolved. This only came to my attention because of research being done for another matter concerning my company. I have been doing business through this corporation and filing appropriate reports/returns under this corporate name on an ongoing basis.

I have no knowledge of having received any notices of the dissolution of the corporation.

Please accept the enclosed check in the amount of \$450 (for years 2004-2006) to reinstate my Corporation to current status. Thank you, in advance, for your help in this matter.

Sincerely,



Kevin Cottrill, Director