

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 NOV 16 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000057290**

**1. Corporation Name**

Capitoline of Southern Florida, Inc.

**2. Principal Office Address**

2879 NE 28th Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Fort Lauderdale, FL

**City & State**

**Zip**

33306

**Country**

US

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-23-99

**5. FEI Number**

65-0929576

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Gerard Nolan

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

2879 NE 28th Street

**Suite, Apt. #, Etc.**

**City**

Fort Lauderdale

**State**  
FL

**Zip Code**  
33306

4000004696114-6

-11/28/01--01012--008

\*\*\*758.75 \*\*\*758.75

**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**

*Gerard Nolan*

**Date**

11/15/01

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
PD	Michelle Viator	1402 E. Las Olas Blvd.	Ft. Lauderdale, Florida 33316
VPD	Gerard N. Nolan	2879 NE 28th Street	Ft. Lauderdale, Florida 33316

**REINSTATEMENT** *a* **19**

**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 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:**

*Gerard Nolan*

11/15/01

CR2001 (9/00)