

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Montañez
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24245

1. Corporation Name

CAPOLIB CO.

Principal Place of Business

Mailing Address

2333 BRICKELL AVE. #2405
MIAMI, FLORIDA 33129

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

1699 CORAL WAY

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 510

5. FEI Number

65-0374479

Applied For

City & State

City & State

MIAMI, FLORIDA

Not Applicable

Zip

Country

Zip

Country

33145

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	CARLOS A. MONTANER	2333 BRICKELL AVE. H-1	MIAMI, FLORIDA 33129
			200002519542--9 -05/12/98--01014--015 ****150.00 ****150.00
			200002519542--9 -05/12/98--01014--016 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RICARDO MARTINEZ-CID, PA

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

1699 CORAL WAY STE. 510

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date 4/27/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

CARLOS A. MONTANER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-98

Daytime Phone #

(205) 859-7494

CR2E040 (1/98)