

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 MAY 15 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 752264

1. Corporation Name

CAPE CORAL BMX ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 150711
CAPE CORAL FL 33915-7711

P.O. BOX 150711
CAPE CORAL FL 33915-7711



REINSTATEMENT

96-97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1980	
City & State		City & State		5. FEI Number	
Zip		Country		65-0134898	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PDC	MUNNS, PAUL	503 SW 9TH STREET	CAPE CORAL FL 33991
V	SMITH, DAVE	1804 SW 42ND STREET	CAPE CORAL FL 33914
S	MUNNS, JANET	503 SW 9TH STREET	CAPE CORAL FL 33991
T	STAINES, ETHEL	2821 NE 4TH PLACE	CAPE CORAL FL 33909
M	COSTELLO, PATRICK III	1505 NE 10TH LANE	CAPE CORAL FL 33991
D	WINTERS, KEVIN	1708 SW 51ST TERR.	CAPE CORAL FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUNNS, PAUL
503 SW 9TH STREET
CAPE CORAL FL 33991

Name	same
Street Address (P.O. Box Number is Not Acceptable)	200002188442--2
Suite, Apt. #, Etc.	-05/22797--01103--001
City	****297.50 ****297.50
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 Ethel Staines Date 9-10-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: Ethel Staines Date 9-10-96 Daytime Phone # 941-458100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ethel STAINES TRGS

CR2E040 (7/96)