PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-96 REINSTATEMENT

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

APPROVED AND FILED
95 JAN -2 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80395

1. Corporation Name Cape Sabal Financial Inc

Principal Place of Business
2963 44 Avenue North
St. Petersburg, FL 33714

Mailing Address
2963 44 Avenue North
St. Petersburg, FL 33714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable: SAME AS Above
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable: SAME AS Above
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: July 27, 1993

5. FEI Number: 59-2841908 — 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) 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
P	DAVID C. Fletcher	2963 44 Avenue North	St. Petersburg, FL 33714
			100002047741--9
			-01/07/97--01063--002
			****575.00 ****575.00
			1995-1996
		REINSTATEMENT	
			A. Allen 1/2/97

8. Name and Address of Current Registered Agent
David C. Shobe
501 E. Kennedy Blvd.
Tampa, FL 33602

9. Name and Address of New Registered Agent
Name: David C. Fletcher
Street Address (P.O. Box Number is Not Acceptable): 2963 44th Avenue North
Suite, Apt. #, Etc.: 5
City: St. Petersburg | State: FL | Zip Code: 33714

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 _____ Date 12-12-96
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee or possessed by law to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the name of the association has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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: _____ 12-12-96 813-528-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)