

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000006653

1. Corporation Name

CAPTIVA CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

760 N.W. 107 AVE., #201
MIAMI FL 33172

760 N.W. 107 AVE., #201
MIAMI FL 33172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

65-0883173

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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	City / State / Zip
DP	REBUK, JOSEPH Diana Embi	760 N.W. 107 AVE., #201 10770 NW 166 ST. # 214	MIAMI FL 33172 Miami, FL 33178
DV	CRUZ, DEANNA Victor Flores	760 N.W. 107 AVE., #201 10770 NW 166 ST. # 211	MIAMI FL 33172 Miami, FL 33178
DST	IRIZARY, RUSSELL Ruben Saavedra	760 N.W. 107 AVE., #201 10770 NW 166 ST. # 201	MIAMI FL 33172 Miami, FL 33178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KTG&S REGISTERED AGENT CORPORATION~~

~~NATIONSBANK TOWER~~

~~100 S.E. 2ND ST., STE. 2800~~

~~MIAMI FL 33131-2144~~

Name

SKRLD, INC

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 1102

City

Coral Gables

500005180335-6

04/01/02-01078-015

****175.00 FL 33134

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

X *Lahn* SKRLD, INC. SECRETARY
REGISTERED AGENT MUST SIGN

Date

X 10/25/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA EMBI

Date

10/25/01

Daytime Phone #

FILED

02 MAR -4 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02



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