2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

012478 AT

DOCUMENT # P02000126967

1. Entity Name
CINGCAPRI ENTERPRISES, INC.

FILED
03 OCT -9 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6359 SCHWAB DR PENSACOLA FL 32506	6359 SCHWAB DR PENSACOLA FL 32506

REINSTATEMENT 03

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6359 Schwab DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State
Zip: 32504 Country: U.S	Zip Country

4. FEI Number: 14-1896582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, MICHAEL W
683 SEAPINE CIR
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

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

500023669905
10/09/03--01063--024 ~~*150.00~~ 158.75

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Capri Williams 6359 Schwab Dr. Pensacola, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Phyllis M. Hardaway 6359 Schwab Dr. Pensacola, FL 32504	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Capri Williams 10/10/03 850-473-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CingCapri Enterprises Inc.
6359 Schwab Dr.
Pensacola, Florida 32504
850-473-8893 Phone
850-478-9686 Fax

Division Of Corporations
Uniform Business Report Filings

To Whom It May Concern:

This letter is to certify that the above corporation has not conducted any business transactions, nor entered into any contracts before the corporation was dissolved by the Divisions of Corporations. The corporation was filled December 2, 2002. I, Capri Williams, director of the above corporation, was working with the Department of Defense, Appropriated Funds (AFFES) in AFNORTH, Netherlands. I returned to the U.S. in August, therefore I did not receive the first UBR notice. I also affirm the above corporation does not, and has not opened a bank account. The above corporation FEI Number was requested and received on September 26, 2003.

I request that the above corporation be reinstated as an active corporation, and have enclosed the $150.00 filling fee.

Thank you,

Capri Williams
Director