

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**APPROVED FORM AND FILED**  
 96 NOV 13 PM 12:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P95000022312**

1. Corporation Name

**CAPE CORAL AMERICA, INC.**

Principal Place of Business

11890 S.W. 8TH ST., SUITE 401  
 MIAMI FL 33184

Mailing Address

11890 S.W. 8TH ST., SUITE 401  
 MIAMI FL 33184



**REINSTATEMENT** *96 ad*

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

2. New Principal Office Address, if Applicable <b>11890 S.W. 8 ST.</b>		3. New Mailing Office Address, if Applicable <b>11890 S.W. 8 ST.</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>03/20/1995</b>	
Suite, Apt. #, etc. <b>SUITE #502</b>		Suite, Apt. #, etc. <b>SUITE #502</b>		5. FEI Number <b>65-0704158</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		Applied For <b>Not Applicable</b>	
Zip <b>33184</b>	Country <b>DADE</b>	Zip <b>33184</b>	Country <b>DADE</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
D	CANTENS, GASTON	11890 S.W. 8TH ST., SUITE 502	MIAMI FL 33184
D	CANTENS, TERESITA	11890 S.W. 8TH ST., SUITE 502	MIAMI FL 33184
D	CANTENS, FERNANDO	11890 SW 8 ST SUITE 502	MIAMI FL 33184

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 383.75 383.75

8. Name and Address of Current Registered Agent

**CANTENS, GASTON**  
 11890 S.W. 8TH ST., SUITE 401  
 MIAMI FL 33184

9. Name and Address of New Registered Agent

Name <b>GASTON CANTENS</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>11890 S.W. 8 ST.</b>		
Suite, Apt. #, Etc. <b>SUITE 502</b>		
City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33184</b>

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

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **11/1/96**

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)(f), 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]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96

305-221-9780

Date

Daytime Phone #

CREATING (7/96)