

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000067684**

1. Corporation Name

Caper Enterprises of Naples, Inc.

2. Principal Office Address

6281 Westport Lane

Suite, Apt. #, etc.

Naples, FL

City & State

Zip

34116

Country

USA

3. Mailing Office Address

6281 Westport Lane

Suite, Apt. #, etc.

Naples, FL

City & State

Zip

34116

Country

USA

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 98

5. FEI Number

59-3527874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph J Cordero

900003802639-0

-03/06/01--01073--017

*****1050.00 ***1050.00**

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

6281 Westport Lane

900003802639-0

-03/06/01--01073--018

*******8.75 *****8.75**

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joe Cordero

REGISTERED AGENT MUST SIGN

Date **2-12-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President Joseph J Cordero 6281 Westport Lane Naples, FL 34116

Vice Pres Ann Hart Cordero 6281 Westport Lane Naples, FL 34116

10. 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

Joe Cordero

2-12-01

Date

941-272-6461

Daytime Phone #

CR2E081 (9/00)