

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -4 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003745

1. Corporation Name

CASPARILLA ISLAND MARITIME MUSEUM, INC

2. Principal Office Address

c/o M.
Houghton
P.O. Box 100

3. Mailing Office Address

c/o M.
Houghton
P.O. Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FF

City & State

BOCA GRANDE
FL

Zip

33921

Country

USA

Zip

33921

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/00

5. FEI Number

22-3729281

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

Nelson A. Italiano II

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

150 PALM Ave

Suite, Apt. #, Etc.

City

Boca Grande

State

FL

Zip Code

33921

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

[Signature] NELSON A. ITALIANO II

Date 1/20/04

REGISTERED AGENT MUST SIGN

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
P	NINA Rodale Houghton	154 CARMICHAEL FARM RD QUEENSTOWN, MD 21658	Queenstown, MD 21658
T	Nelson Anthony Italiano II	150 PALM Ave	Boca Grande, FL 33921
D	George Reese Lyons	331 Lee Ave	Boca Grande, FL 33921
D	GERALD M. MILLER	4090 Loomis Ave	Boca Grande, FL 33921

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:

[Signature] TRAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/04 941.964.0400

CR2E081 (10/02)