

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 708134

1. Corporation Name
 ISLES OF CAPRI CIVIC ASSOCIATION, INC.

FILED

02 MAY -8 PM 3:01

SECRETARY OF STATE

REINSTATEMENT

Principal Place of Business Mailing Address
 407 CRISTOBAL 30 W. Pelican St
 NAPLES FL 34113 NAPLES FL 34113
 US US



600005575576
 -05/21/02-01003-008
 *****245.00 *****245.00

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
 30 W. Pelican St 30 W. Pelican St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 11/19/1964

City & State City & State
 Naples, FL Naples FL
 Zip Country Zip Country
 34113 34113

5. FEI Number 23-7021161 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 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
PD	DEVOLDER, NANCY	407 CRISTOBAL ST.	NAPLES FL 34113
VP	BECK, DARRELL	2 EAST PELICAN	NAPLES FL 34113
S	HENRY, CLAUDIA	7 CARRI BLVD	NAPLES FL 34118
D	HANLEY, WILLIAM	110 W PAGO PAGO	NAPLES FL 34113
TD	WALSH, KEVIN	30 W. PELICAN	NAPLES FL 34113
D	HUEGEL, JOHN LYNN ALLEN	93 DOLPHIN CIRCLE 60 W. Pelican St.	NAPLES FL 34113 NAPLES, FL 34113

8. Name and Address of Current Registered Agent

WALSH, KEVIN F
 30 W PELICAN ST
 NAPLES FL 34113

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip
 FL

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

Kevin F Walsh
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 4-28-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Kevin F Walsh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-02 239-642-7223

CR2E040 (8/01)