

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  
NAPLES, FL 34113  
US

30 W. Pelican St  
NAPLES, FL 34113

407 CRISTOBAL  
NAPLES, FL 34113  
US

30 W. Pelican St



600005575576

-05/21/02-01003-000

\*\*\*\*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

30 W. Pelican St

3. New Mailing Office Address, If Applicable

30 W. Pelican St

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7021161

Applied For

Not Applicable

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34113

Country

Zip

34113

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DEVOLDER, NANCY	407 CRISTOBAL ST.	NAPLES FL 34113
VP	BECK, DARRELL	2 EAST PELICAN	NAPLES FL 34113
<del>S</del>	<del>HENRY, CLAUDIA</del>	<del>7 CAPRI BLVD</del>	<del>NAPLES FL 34118</del>
<del>D</del>	<del>HANLEY, WILLIAM</del>	<del>110 W PAGO PAGO</del>	<del>NAPLES FL 34113</del>
TD	WALSH, KEVIN	30 W. PELICAN	NAPLES FL 34113
D	<del>HUEGEL, JOHN</del> LYNN ALLEN	<del>93 DOLPHIN CIRCLE</del> 60 W. Pelican St	<del>NAPLES FL 34113</del> 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

600005575576

-05/21/02-01003-007

\*\*\*\*61.25 State \*\*\*\*61.25

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*

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 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:

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

Date

Daytime Phone #

4-28-02 239-642.7223