

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 NOV 16 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 745297

1. Corporation Name

Cape Towne Condomin  
Association Inc  
4514 + 16 Santa Barbara Blvd  
Cape Coral, FL 33914

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

10

CR28081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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 Lois Lobosco

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

3404 SW 3 Avenue

Suite, Apt. #, Etc

Cape Coral, FL 3

City Cape Coral, FL

State FL

Zip Code 33914

500187825605  
11/16/10--01045--009 \*\*236.25

500187825605  
11/16/10--01045--010 \*\*8.75

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

Lois Lobosco

Date 11/10/10

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
Pres	Barbara Hennessey	4514 Santa Barbara Blvd Unit 5	Cape Coral FL 33914
VP	Lois Lobosco	3404 SW 3 Ave Unit 6	Cape Coral FL 33914
Sec	Robert Lobosco	3404 SW 3 Ave Unit 6	Cape Coral FL 33914

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Lois Lobosco Cape Towne Condo Assoc 11/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

check # 1858  
check # 1859

\$ 236.25  
8.75