

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 25 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756292

1. Corporation Name

Capri Motel Condominium Association, Inc.

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

55 SOMERSET STREET

3. Mailing Office Address

55 SOMERSET STREET

Suite, Apt. #, etc.

Unit #3

Suite, Apt. #, etc.

Unit #3

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33767

Country

USA

Zip

33767

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1981

5. FEI Number
592167154

☐ 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

DeBELLIS, BARBARA

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

55 SOMERSET STREET

Suite, Apt. #, Etc.

Unit #3

City

CLEARWATER

State

FL

Zip Code

33767

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Barbara DeBellis

REGISTERED AGENT MUST SIGN

Date 9/23/09

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/T/D	DeBELLIS, BARBARA	55 SOMERSET STREET, UNIT #3	CLEARWATER, FL 33767
VP/D	HESELSCHWERDT, BEN	10743 COLLAR DRIVE	SAN ANTONIO, FL 33576
VP/D	HESELSCHWERDT, BEN, JR.	55 SOMERSET STREET, UNIT #5	CLEARWATER, FL 33767
S/D	PALMA/GEORGE & LUCY	1200 WYNCHGATE STREET	OAKVILLE, ON L6L214
S/D	BOUNER, SUSAN <i>9/25</i>	112 SOUTH LAUHER WAY	TAMPA, FLORIDA 33609

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 contained in Chapter 119, 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:

Barbara DeBellis

Barbara DeBellis, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/09

Date

727/443-2477

Daytime Phone #