

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # J30746  
1. Corporation Name Cape Laurel Company, INC.

Principal Place of Business	Mailing Address
1950 Cassat AVE JACKSONVILLE 41 32210 US	

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	
Suite, Apt. #, etc.		P.O. Box 41285	
City & State		City & State	
Zip		Jacksonville, FL	
Country		Zip	Country
		32203-1285	US

# DECLARATION 97-99

4. Date Incorporated or Qualified To Do Business in Florida 08/20/1986

5. FEI Number 59-2706898

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Capezzera, Vincent M.	4560 Oak Brooke CT	Jacksonville FL
DTS	Capezzera, Diane L.	4560 Oak Brooke CT	Jacksonville FL
			100002950581--4 08/04/99--01074--021 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

Capizzera, Vincent M.  
4560 OakBrooke Ct.  
Jacksonville FL 32277

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

7/23/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

09/07/2018