

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 18 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K89029**

1. Corporation Name

CAPA DEVELOPERS, INC.

2. Principal Office Address

1839 BANBURY RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

County

DUVAL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/89

5. FEI Number

59-2949895

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

GARY Mark Andrews

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

1914 BANBURY RD.

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

3000044473637-2

-06/27/01--01041--016

*****1808.75 ***1808.75**

REINSTATEMENT 94-0178

State

FL

Zip Code

32211

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

G. Mark Andrews

REGISTERED AGENT MUST SIGN

Date

06/11/01

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	Gary R. Andrews	1839 BANBURY Rd.	JAX, FL 32211
Sec.	Gary M. Andrews	1914 BANBURY Rd.	JAX, FL 32211

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 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:

G. Mark Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/11/01

Date

904 477-2770

Daytime Phone #