

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

DOCUMENT # L07868

1. Corporation Name

CAGLE'S COVE II, INC.

Principal Place of Business

Mailing Address

% SHIRLEY TRESSA CAGLE
5615 OLEANDER BLVD
FT PIERCE FL 34982

% SHIRLEY TRESSA CAGLE
5615 OLEANDER BLVD
FT PIERCE FL 34982

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1989

5. FEI Number

65-0143318

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CAGLE, SHIRLEY TRESSA	5615 OLEANDER BLVD	FT PIERCE FL
SVD	CAGLE, JAMES C.	5615 OLEANDER BLVD	FT PIERCE FL

000003441600--8
10/27/00-01015-015
****150.00 ****150.00

10/12/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAGLE, SHIRLEY TRESSA
5615 OLEADNER BLVD
FT PIERCE FL 34982

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

Shirley Tressa Cagle
REGISTERED AGENT MUST SIGN

Date

10-12-00

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:

Shirley Tressa Cagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-00

Daytime Phone #



CAGLE'S COVE II

Oct 12, 2000

Sirs,

I thought I had mailed
~~in my payment about the~~
first week in Feb 1999.
I do not know what
happened. Sorry.

Please accept this check
for \$150.00 to be re-instated.

Yours truly
Shirley Gressa Cagle