

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L83428

1. Corporation Name

CAPE CORAL ABSENTEE PROPERTY OWNERS
ASSOCIATION, INC.

2. Principal Office Address

825 PARKWAY ST

Suite, Apt. #, etc.

SUITE 32

City & State

JUPITER

Zip

33477

Country

USA

3. Mailing Office Address

PO BOX 7117

Suite, Apt. #, etc.

City & State

JUPITER

Zip

33468

Country

USA

REINSTATEMENT

97-04

4. Date Incorporated or Qualified

To Do Business in Florida 06-25-1990

5. FEI Number

65-0200998

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

DANIEL A. RAHFELDT

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

825 PARKWAY ST

Suite, Apt. #, Etc.

SUITE 32

City

JUPITER

State

FL

Zip Code

33477

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04/27/04

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 | DANIEL A. RAHFELDT | 952 POMPAÑO DR | JUPITER, FL 33458 |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN RAHFELDT

Date

4/27/04

Daytime Phone #

361-744-8730