

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 2:19

DOCUMENT # N00000003916

1. Corporation Name

CAPE CORAL YOUTH CRIME INTERVENTION CENTER, INC.

Principal Place of Business

Mailing Address

1333-B LAFAYETTE ST.
CAPE CORAL FL 33906

1333-B LAFAYETTE ST.
CAPE CORAL FL 33906

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 152413
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2000

5. EEI Number

65-1019120

Applicable

Not Applicable

City & State

City & State

Cape Coral, FL 33915

Zip

Country

Zip

33915

Country

Lee

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GIBBS, ARNOLD A	815 NICHOLAS PKWY.	CAPE CORAL FL 33915
TD	DENNIS, THOMAS L	815 NICHOLAS PKWY	CAPE CORAL FL 33915
SD	TATE, GLORIA	261 BAYSHORE DR.	CAPE CORAL FL 33904
D	BOYD, ALAN J JR.	3346 S.E. 10TH PLACE	CAPE CORAL FL 33904
D	LA CROIX, DAVID J JR.	815 NICHOLAS PKWY	CAPE CORAL FL 33915

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-11/07/01--01040--010
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DENNIS, THOMAS L
CAPE CORAL POLICE DEPARTMENT
815 NICHOLAS PKWY
CAPE CORAL FL 33991

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

10/12/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 9415740617

CR2E040 (8/01)