

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 22 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000003916

1. Corporation Name

Cape Coral Youth Crime Intervention Program, Inc

2. Principal Office Address - No P.O. Box #

1333 Lafayette

3. Mailing Office Address

PO BOX 152413

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33915-0413

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 2000

5. FEI Number

65-1019120

☐ 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

Cindy Dennison

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

1100 Cultural Park Blvd

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33990

200209238742
06/23/11--01002--018 **367.50

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

Date 6/9/2011

REGISTERED AGENT MUST SIGN

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	Jay Murphy	1100 Cultural Park Blvd	Cape Coral, FI 33990
VP	Anthony Sizemore	1100 Cultural Park Blvd	Cape Coral, FI 33990
Treas	Cindy Dennison	1100 Cultural Park Blvd	Cape Coral, FI 33990

10. E-mail Address: CDenniso@capecoral.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Cindy Dennison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-9-11 239-574-0675