

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 10 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01514

1. Corporation Name

Kapok Terrace Condominium Association, Inc.

500013926665
03/12/03--01001--004 **61.25

REINSTATEMENT 02-03

2. Principal Office Address
c/o Benson's Inc

3. Mailing Office Address
C/O Benson's, Inc

Suite, Apt. #, etc.
12650 Whitehall Dr

Suite, Apt. #, etc.
12650 Whitehall Dr

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip 33907

Country Lee

Zip 33907

Country Lee

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/17/84

5. FEI Number
59-2470639

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
Mark R. Benson

Street Address (P.O. Box Number is Not Acceptable)
c/o Benson's, Inc.

Suite, Apt. #, Etc.
12650 Whitehall Dr

City
Fort Myers, FL

500013926665

03/12/03--01001--005 **61.25

500013926665

03/12/03--01001--006 **175.00

State
FL

Zip Code
33907

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 2/24/03

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
PD	Joan Strickland	4010 Deleon St #B-2	Fort Myers, FL 33901
VPD	Chris Kurlinski	4010 Deleon St #A-2	Fort Myers, FL 33901
STD	LeAnne Braman	4010 Deleon St #B-3	Fort Myers, FL 33901

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:

Joan Strickland, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOAN STRICKLAND, PRESIDENT

js 210

CR2E081 (10/02)