

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 29 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003679

1. Corporation Name

City of CAPE CORAL RETIREES ASSOC. INC

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

PO Box 150432

Suite, Apt. #, etc.

328 SE 34th ST

City & State

CAPE CORAL

Zip

33915

Country

USA

3. Mailing Office Address

PO Box 150432

Suite, Apt. #, etc.

CAPE CORAL FL 33904

City & State

FL

Zip

33915

Country

USA

300149459653

04/10/09--01031--017 **420.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

4-28-2003

5. FEI Number

432012766

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

BEVERLY JARVIS

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

PO Box 150432 328 SE 34th ST FL

Suite, Apt. #, Etc.

33904

City

CAPE CORAL

State

FL

Zip Code

33915

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Beverly Jarvis

REGISTERED AGENT MUST SIGN

Date 4-8-2009

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	Jean Wood	<u>PO Box 100531</u>	<u>CAPE CORAL FL 33910</u>
VP	Carol Clarkson	<u>150 SE 12th ST</u>	<u>CAPE CORAL FL 33904</u>
VP	Jarvis Burnett	<u>3408 SIE SANTA BARBARA PL</u>	<u>CAPE CORAL FL 33904</u>
S	Mae Gemmill	<u>2490 GREENDALE PL</u>	<u>CAPE CORAL FL 33991</u>
T	Beverly Jarvis	<u>PO Box 150432</u>	<u>CAPE CORAL FL 33915</u>

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 contained in Chapter 119, 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:

Beverly Jarvis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2009

Date

Daytime Phone #