

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006215

1. Corporation Name

Cape Villas II Condominium Association, Inc.

**REINSTATEMENT**

04-06 DSC

CR2E081 (12/05)

2. Principal Office Address

2004 Del Prado Boulevard

3. Mailing Office Address

2004 Del Prado Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip

33904

Country

USA

Zip

33904

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/21/2003

5. FEI Number

☒ 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  
Darrin R. Schutt, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
1105 Cape Coral Parkway East

Suite, Apt. #, Etc.  
Suite C

City  
Cape Coral

State  
FL

Zip Code  
33904

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 8/4/2006

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
D	Robert A. Lee, Jr.	2004 Del Prado Boulevard	Cape Coral, Florida 33904
D	Scott Lee	2004 Del Prado Boulevard	Cape Coral, Florida 33904
D	Darrin R. Schutt, Esq.	1105 Cape Coral Pky E, Ste C	Cape Coral, Florida 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/2006

Date

239.540.7007

Daytime Phone #