

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAY 23 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/31/06--01017--019 \*\*297.50  
CR2E081 (12/05)

DOCUMENT # **N10803**

1. Corporation Name  
**Cape Coral Casa Bonita Condominium**  
**1615 S.E. 46<sup>th</sup> Lane**  
**Cape Coral, FL 33904**

2. Principal Office Address  
**3645 SE 8<sup>th</sup> Place**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 151845**  
Suite, Apt. #, etc.

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral, FL**

Zip Country  
**33904 Lee/Us**

Zip Country  
**33915 Lee/Us**

4. Date Incorporated or Qualified To Do Business in Florida **Reinst.**

5. FEI Number **650129811** 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  
**ZUNIDO, PAOLA**

Street Address (P.O. Box Number is Not Acceptable)  
**3645 SE 8<sup>th</sup> Place**  
Suite, Apt. #, Etc.

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 **Paulo Lemos** Date **4/20/06**

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
FB	Phil Metzger	1615 SE 46 <sup>th</sup> Ln # 207	Cape Coral, FL 33904
V.P.D	Josephine Schmitz	407 Mack St.	Joliet, IL 60435
S/ID	JOAN MERILLAT	112 Turnberry CT	Myrtle Beach, S.C. 29588

REINSTATEMENT

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: **Jean M. Merillat** Date **5/15/06** (843) 650-1397 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR