

**FILED**

13 NOV 25 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100254198461  
11/25/13--01046--005 \*\*236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td><input checked="" type="checkbox"/> Not Applicable</td> </tr> </table>	Applied For	<input checked="" type="checkbox"/> Not Applicable
Applied For			
<input checked="" type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED	<b>\$8.75</b> Additional Fee required for a Certificate of Status		

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
 DIVISION OF CORPORATIONS

DOCUMENT # N1200008508

1. Corporation Name

1. Corporation Name  
Cape Coral Preparatory and Fitness  
Academy PTO, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2107 Santa Barbara Blvd			
City & State		City & State	
Cape Coral, FL			
Zip	Country	Zip	Country
33991	Lee		

7. Name and Address of Current Registered Agent

Name Tiffany Wilson	
Street Address (P.O. Box Number is Not Acceptable) 915 SE 29th TER	
Suite, Apt. #, Etc. <del>000000</del>	
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

REGISTERED AGENT MUST SIGN

Date 1-20-15

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	Tiffany Wilson	915 SE 24th Ter. Cape Coral	FL, 33904
VP	Cari Marrero	1429 SE 24th Av	Cape Coral, FL 33900
T	Erica Carr	3322 Oasis Blvd	Cape Coral, FL 33914
			NOV 25 2013
			M. WILLIAMS

10. E-mail Address: CCPFAPT00@gmail.com

(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 § 817.155, F.S.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE:**

Daytime Phone #