

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # N38795

1. Corporation Name

NORTH CAPE INDUSTRIAL PARK ASSOCIATION, INC.

03 APR -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2534 NE 9TH AVENUE
CAPE CORAL FL 33909
US

%LISA M LUSK
202 DEL PRADO BLVD
CAPE CORAL FL 33990



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-6342224

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33909

USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BLASKO, FRANK	799 CYPRESS LAKE CIR	FORT MYERS FL 33919
VSD	BARTON, DAVID	5718 DRIFTWOOD PARKWAY	CAPE CORAL FL
D	KENNEDY, EDWARD	CHAMPAGNE APTS 233	PUNTA GORDA FL 33950
PD	Annalee BLASKO Annalee	799, Cypress Lake CIR	Fort Myers FL 33919
D	KOPTIS William	9150, SOUTH HILLS BVD	Cleveland OHIO 44147
200015290962 04/03/03--01048--005 **8.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUSK, LISA M
202 DEL PRADO BLVD
CAPE CORAL FL 33990

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REQUIRED

Date

3/28/03

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/03

239-772-988

CR2E040 (9/02)

NORTH CAPE INDUSTRIAL PARK ASSOCIATION INC.
2534, NE 9TH AVENUE # 1,
CAPE CORAL, FLORIDA, 33909
TEL: 941-772-9889 FAX: 941-772-8486
EMERGENCY TEL: (24 HR.) 633-4329

March 31, 2003

Ref: UBR:Doc:#N38795

Dear Sirs,

Upon receiving a Notice of Administrative Dissolution or Revocation from you we immediately telephoned your Department to advise that we did file in a timely manner our 2002 Corporate filing along with the relevant filing fee.

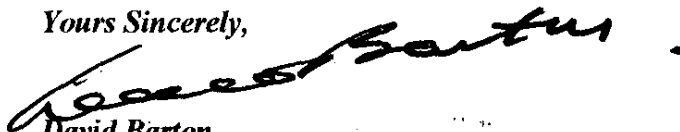
We were informed that you had sent us a letter of rejection concerning this filing, but assure we received no such correspondence.

As our check had passed through our bank account- we naturally thought all was in order.

We attach our 2003 Corporate filing and request a waiver of any reinstatement changes due to non-receipt of rejection letter.

Thank you for your consideration.

Yours Sincerely,



David Barton
Vice President