

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N9300000427

1. Corporation Name

Captain's Bay Recreational Association, Inc.
 aka Island Pines Recreational Association, Inc.

Principal Place of Business

12650 Whitehall Dr.
 Fort Myers, FL 33907

Mailing Address

same

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/20/93

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

99

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	John Kaptyn	600 Hwy 76 E, Suite 101	Richmond Hill, Ontario, Canada L4B 1B2
D	Jack Litvack	22652 Island Pines Way #154	Fort Myers Beach, FL 33931
D	Laverne Johnson	22772 Island Pines Way, #214	Fort Myers Beach, FL 33931
d	Lou Fera	22700 Island Pines Way #3103	Fort Myers Beach, FL 33931
D	Richard Conway	5930 Taylorsville Rd	Dayton, OH 45424
D	Michael Kyle	6691 Estero Blvd #103	Fort Myers Beach, FL 33931

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Mark R. Benson
 Street Address (P.O. Box Number is Not Acceptable)
 12650 Whitehall Dr
 Suite, Apt. #, Etc.
 City
Fort Myers
 State
FL
 Zip Code
33907

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.

Signature of Registered Agent

Mark R. Benson

REGISTERED AGENT MUST SIGN

Date **December 8, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

John Kaptyn
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-99

Date

KE

Daytime Phone #

CR2E001 (12/99)