

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



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

02 APR -9 PM 6:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 9800000 1611

1. Corporation Name

UPPER CAPTIVA ROAD COMMISSION,  
INC.

2. Principal Office Address

10215 SANDPIPER RD

Suite, Apt. #, etc.

3. Mailing Office Address

15875 BRITTEN LANE

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

WELLINGTON, FL

Zip

34209

Country

MANATEE

Zip

33414

Country

PALM BCH

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified  
To Do Business in Florida

3/19/98

5. FEI Number

65-0827189

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

HARRISON, G. JOSEPH

200005414362-1

-05/01/02-01026-026

\*\*\*\*\*297.50 \*\*\*\*\*297.50

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

1206 MANATEE AVE, WEST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

*[Signature]*

Date

4/1/02

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	EDMONDSON, LOUIS E. SR.	10215 SANDPIPER RD.	BRADENTON, FL 34209
D	JAFJE, DENNIS J.	15875 BRITTEN LANE	WELLINGTON, FL 33414
D	JAFJE, ILONA T.	15875 BRITTEN LANE	WELLINGTON, FL 33414

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 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]* ILONA T. JAFJE

3/28/02 561-792-1840

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)