

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005681

1. Corporation Name

CAPITAL HOMES CORPORATION

Principal Place of Business

Mailing Address

13091 ORANGE RIVER BLVD.
FT. MYERS FL 33905

13091 ORANGE RIVER BLVD.
FT. MYERS FL 33905

REINSTATEMENT



400024571624

11/10/03--01098--009 **150.00

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

01/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1066676

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	WILSON, MARK D	13091 ORANGE RIVER BLVD.	FT. MYERS FL 33905
P	WILSON, MARK D	13091 ORANGE RIVER BLVD	FORT MYERS FL 33905
VP	ADCOCK, CHARLES C	13091 ORANGE RIVER BLVD	FORT MYERS FL 33905
ST	WILSON, SYBIL A	13091 ORANGE RIVER BLVD	FORT MYERS FL 33905

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, MARK D
13091 ORANGE RIVER BLVD.
FT. MYERS FL 33905

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

Mark D. Wilson

Date 10/31/03

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:

Mark D. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #

CR2E040 (7/03)

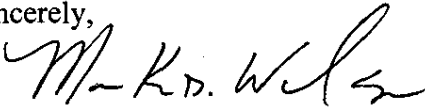
CAPITAL HOMES CORPRATION
13091 Orange River Blvd.
Ft. Myers, Fl 33905

Re: P01000005681

Dear Sirs:

This letter is to ask for reinstatement of my corporation as I did not receive notice for renewal. I have enclosed a check for \$150 which is for 1 year. Please waive the reinstatement fee.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. K. D. Wilson".

Mark Wilson