

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005215

1. Corporation Name

Cape Solid Surfaces, Inc.

600023954516
10/20/03--01039--010 **150.00

REINSTATEMENT 03

2. Principal Office Address

919 S.E. 13 Ave

3. Mailing Office Address

2118 S.E. 10 PI

Suite, Apt. #, etc.

Ate A

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33990

Country

USA

Zip

33990

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-14-02

5. FEI Number

03-0377913

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

Michael Way

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

2118 S.E. 10 PI

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Michael Way

Date 10-15-03

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
President	Michael Way	2118 S.E. 10 PI	Cape Coral, FL 33990

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:

Michael Way

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

(239) 573-9511

Daytime Phone #

CR2E081 (10/02)

Cape Solid Surfaces, Inc.

To: Department of State
Fr: Michael Way
Date: Oct 15, 2003

Re: Corporation Reinstatement

I contacted one of the Dept. of State service people and explained that I never received the UBR for 2003. She stated that the mailing was returned to the Dept of State. It was sent out again and returned. I was told to fill out the reinstatement form and a check for \$150 and we would be reinstated. Please feel free to call me if you have any questions.

Regards,
Michael Way