

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 24 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016500

1. Corporation Name

CAPE ISLAND, INC.

Principal Place of Business

Mailing Address

1217 CAPE CORAL PARKWAY EAST
PMB 237
CAPE CORAL FL 33904

1217 CAPE CORAL PARKWAY
PMB 237
CAPE CORAL FL 33904



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

C/O. SSI ACCTG + TAX SVC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500 COLONIAL BLVD #215

City & State

City & State

FORT MYERS FL

Zip

Country

Zip

Country

33907

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2002

FEI Number

02-0547699

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HEINRICHS, HANS-GUENTER	1217 CAPE CORAL PARKWAY EAST, PM	CAPE CORAL FL 33904
VD	HEINRICHS, BABETTE	1217 CAPE CORAL PARKWAY EAST, PM	CAPE CORAL FL 33904

300024948363

11/24/03--01018--017 **150.00

ph up

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AHRENS, SIGGI
13131 UNIVERSITY DRIVE
FORT MYERS FL 33907

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

X

Signature of Sigi Ahrens
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11.5.03

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 of Babette Heinrichs
SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.5.03

Date

Daytime Phone #

CR2E040 (7/03)

Cape Island, Inc.

1217 Cape Coral Parkway East, Cape Coral, Florida 33904

November 5, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Document Number P02000016500; Cape Island, Inc. ; EIN 02-0547699

Dear Sir or Madam,

I am writing to you to submit the Uniform Business Report. We have not received any correspondence regarding the Uniform Business Report before this notice and therefore ask that the reinstatement fee be waived.

I thank you for your attention to this matter.

Sincerely,



Babette Heinrichs, Director
Cape Island, Inc.