

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 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000071481**

1. Corporation Name

THE FIVE CAP'S CORP.

Principal Place of Business

201 WEST SHELL POINT ROAD
RUSKIN FL 33570

Mailing Address

201 WEST SHELL POINT ROAD
RUSKIN FL 33570

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

06/28/2002

5. FEI Number

03-0467024

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PREVATT, CLIFTON A	P.O. BOX 86	RIVERVIEW FL 33569
VSD	SCHWILK, CRYSTAL A	201 WEST SHELL POINT ROAD	RUSKIN FL 33570
VTD	HOLLIDAY, CANDACE A	201 WEST SHELL POINT ROAD	RUSKIN FL 33570
VD	FOEGEN, CARRIE A	201 WEST SHELL POINT ROAD	RUSKIN FL 33570
VD	PREVATT, CLIFTON A III	201 WEST SHELL POINT ROAD	RUSKIN FL 33570
400024981824 11/24/03--01093--015 **150.00			

8. Name and Address of Current Registered Agent

PREVATT, CLIFTON A
201 WEST SHELL POINT ROAD
RUSKIN FL 33570

9. Name and Address of New Registered Agent

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

Clifton A. Prevatt
REGISTERED AGENT MUST SIGN

Date

11/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Clifton A. Prevatt
Clifton A. Prevatt

11/10/03 (813)-
645-
3419

CR2E040 (7/03)

Solihom At May Concern, 11/10/03

At the end of September I received Application for Re-instatement. I never received UBR form, this is the first thing we have gotten regarding the corporation.

I just got a chance to look for the UBR form (which I stated we did not receive). The last

6 to 8 weeks have been rather crazy for us.

My cousin (Clifton A. Prewitt's nephew) died from a stroke, a few

days later my grandmother was hit by a drunk driver she lived for 16 days, but passed away 2 weeks ago.

In all this confusion I was rushed to

the emergency room,

I thought I was having a heart-attack.