

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081777

1. Corporation Name

CAPE TITLE, INC.

Principal Place of Business

Mailing Address

3613 DEL PRADO BLVD
CAPE CORAL FL 33904

3613 DEL PRADO BLVD
CAPE CORAL FL 33904



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1425 Viscaya Parkway

Same - 1425 Viscaya Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201 Suite

#201 Suite

City & State

City & State

CAPE CORAL Florida

CAPE CORAL Florida

Zip

Country

Zip

Country

33990

USA

33990

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/29/2002

5. FEI Number

Applied For

87-070 7656

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRERICHS, KIM	2925 SE 10TH AVENUE	CAPE CORAL FL 33904
V	FRERICHS, STACEY	2925 SE 10TH AVENUE	CAPE CORAL FL 33904
P	FRERICHS, KIM	5610 Coronado Court	Cape Coral, FL 33904
V	FRERICHS, STACEY	5610 Coronado Court	Cape Coral, FL 33904
			600027524536 01/23/04--01060--012 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRERICHS, KIM
3613 DEL PRADO BLVD
CAPE CORAL FL 33904

Name
FRERICHS, KIM

Street Address (P.O. Box Number is Not Acceptable)
1425 Viscaya Parkway

Suite, Apt. #, Etc.
Suite 201

City
CAPE CORAL

State
FL

Zip Code
33990

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

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/16/04

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-574-6100

CR2E040 (7/03)

2/2

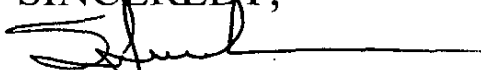
TO: FLORIDA DEPARTMENT OF STATE

RE: APPLICATION FOR REINSTATEMENT, CAPE TITLE

CAPE TITLE, INC. NEVER RECEIVED THE PREVIOUS TWO UBR'S THEY WERE SENT TO THE WRONG ADDRESS AND RETURNED TO THE STATE. PLEASE ACCEPT OUR REINSTATEMENT FEE OF \$300.00 FOR THE YEARS 2003 & 2004.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME AT 1(239) 574-6100.

SINCERELY,



STACEY FRERICHS
VICE PRESIDENT