

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 16 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103138

1. Corporation Name

Gulf Cape Builders, Inc.

2. Principal Office Address

944 Country Club Blvd.

Suite, Apt. #, etc.

206

City & State

Cape Coral, Fl.

Zip

33990

Country

US

3. Mailing Office Address

P.O.Box 112402

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip

33011

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 9/24/2002

5. FEI Number

51-0431851

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

Israel Delgado

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

944 Country Club Blvd..

Suite, Apt. #, Etc.

206

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

Date

12/10/03

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
P,S	Aida R. Santos	10101 W. Okeechobee Rd.	Hialeah, Fl. 33016
Sec.	Israel Delgado	944 Country Club Rd.#206	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/03

Daytime Phone #

(305)

586-5726

CR2E081 (10/02)