

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130353

1. Corporation Name

CAPE CORAL FUNDING INC.

09 SEP 15 PM 1:33

200160139382
09/15/09--01012--001 **158.35

KS

200160139382
08/31/09--01073--003 **150.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

870 S.E. 47th St.

Suite, Apt. #, etc.

S. 2

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

3. Mailing Office Address

870 S.E. 47th St.

Suite, Apt. #, etc.

S. 2

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2002

5. FEI Number

55-0808547

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

WILLIAM KERAS

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

5402 CAPE HARBOR DR

Suite, Apt. #, Etc.

#102

City

CAPE CORAL

State

FL

Zip Code

33914

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Wm Keras

Date 8/13/09

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	William Keras	5402 CAPE HARBOR DR	CAPE CORAL FL 33914

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 contained in Chapter 119, 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:

Wm Keras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/13/09 239-945-0325

Daytime Phone #