

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

10 MAY 20 AM 9:31

DOCUMENT # **P04000118188**

1. Corporation Name

DEVELOPMENT ON THE CAPE, INC.

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

40 CROWE ROAD

Suite, Apt. #, etc.

City & State

ALPRARETTA, GA

Zip

30004

Country

USA

3. Mailing Office Address

980 BIRMINGHAM ROAD

Suite, Apt. #, etc.

501-130

City & State

MILTON, GA

Zip

30004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 13, 2004

5. FEI Number

542158605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOUG SMITH

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

221 MCKENZIE AVE.

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

REGISTERED AGENT MUST SIGN

Date

5/14/10

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
D	TIMOTHY DODSON	221 MCKENZIE AVE.	PANAMA CITY, FL 32401

10. E-mail Address: **thegardens@comcast.net**

(To be used for future annual report notification)

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. I further certify 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 #

5/10/2010