

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
ANDRA MORRIS
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000001668

1. Corporation Name

CAPTIVE ADMINISTRATORS, INC.

FILED

97 MAY 27 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~14002 NORTH DALE MABRY~~
~~SUITE 205~~
~~TAMPA FL 33618~~

~~14002 NORTH DALE MABRY~~
~~SUITE 205~~
~~TAMPA FL 33618~~



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

2. New Principal Office Address, If Applicable

13902 N. Dale Mabry

Suite, Apt. #, etc.

Suite 149

City & State

Tampa, FL

Zip

33618

Country

USA

3. New Mailing Office Address, If Applicable

13902 N. Dale Mabry

Suite, Apt. #, etc.

Suite 149

City & State

Tampa, FL

Zip

33618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1992

5. FEI Number

59-3163069

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
.PD	CILLO, JOSEPH P	14002 N DALE MABRY	TAMPA FL
		13902 N. Dale Mabry, Ste 149	Tampa, FL 33618
			9000002193959-5 -05/03/97-01073-006 ***365.00 ***365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CILLO, JOSEPH P.

~~14002 NORTH DALE MABRY~~

~~SUITE 205~~

~~TAMPA FL 33618~~

Name

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

13902 N. Dale Mabry

Suite, Apt. #, Etc.

Suite 149

City

Tampa

State

FL

Zip Code

33618

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/21/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

Joseph P. Cillo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/97

813
923-0004

CR2E040 (7/95)

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Captive Administrators, Inc.
13902 N. Dale Mabry, Suite 149
Tampa, Florida 33618

(813) 963-0004
(813) 968-6415 Fax

(800) 963-5120

May 21, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sent via U.S. Mail

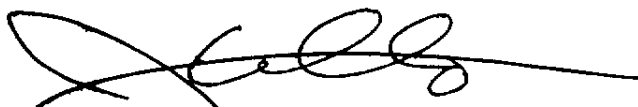
Re: Captive Administrators, Inc.
Application for Reinstatement

Dear Sir/Madam:

Per Leslie of your office, enclosed please find a check in the amount of Three Hundred Sixty Five (\$365.00) Dollars for the reinstatement fee for 1996 and 1997, as well as a completed Application for Reinstatement form. Said form was inadvertently sent to our previous mailing address which was 14802 N. Dale Mabry, Suite 205, Tampa, FL 33618.

In closing, should you have any questions and/or comments, please do not hesitate to contact me directly.

Very truly yours,



Joseph P. Cillo
Only as President of
Captive Administrators, Inc.

JPC/kv
Enclosures