PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026528

1. Corporation Name: 1405 Cape Coral, Inc.

Principal Place of Business	Mailing Address
2323 Del Prado Blvd. Cape Coral, FL 33990	2323 Del Prado Blvd. Cape Coral, FL 33990

REINSTATEMENT 98-99 SP

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2323 Del Prado Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State
Zip: 33990 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-0602454 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 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
CEO	Harold Hickman	3401 W. Cypress #202	Tampa, FL 39607
Pres.	Mardis W. Parker, Sr.	2323 Del Prado Blvd.	Cape Coral, FL 33990
V.P.	Nell Parker	2323 Del Prado Blvd.	Cape Coral, FL 33990
Sec.	Nell Parker	2323 Del Prado Blvd.	Cape Coral, FL 33990
Dir.	Jimmy Hickman	3401 W. Cypress #202	Tampa, FL 39607

8. Name and Address of Current Registered Agent

Harold Hickman
3401 W. Cypress #202
Tampa, FL 39607

9. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State: FL Zip Code

000003006506--
-10/05/99--01113--010
****900.00 ****900.00

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: _____ Date: Sept. 20, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

SIGNATURE: Mardis W. Parker Sr. Sept. 15, 1999 941-772-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #