P95000026528

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 21 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95 0000 26528

1. Corporation Name
1405 Cape Coral, Inc.

9/22/00

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

4. Date Incorporated or Qualified To Do Business in Florida: April 3, 1995

5. FEI Number: 65-0052078 ☐ 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: Harold E. Hickman

Street Address (P.O. Box Number is Not Acceptable): 3401 W. Cypress St.

300004436903--8

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33607

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: Harold Hickman Date: 6/20/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Chair	Harold Hickman	3401 W. Cypress St. Suite 201	Tampa, FL 33607
P Dir	Marty Parker	2323 Del Prado Blvd	Cape Coral, FL 33990
Dir	Whit Lancaster	3401 W. Cypress St. Suite 201	Tampa, FL 33607
Dir	Jimmy Hickman	3401 W. Cypress ST. Suite 201	Tampa, FL 33607
		REINSTATEMENT	2000-2001

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: 6-20-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 941-992-1115

MARDIS W PARKER SR

BK

P95000026528

ACCOUNT NO. : 072100000032

REFERENCE : 194655 82186A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 708.75

ORDER DATE : June 21, 2001

ORDER TIME : 4:35 PM

ORDER NO. : 194655-005

CUSTOMER NO: 82186A

CUSTOMER: Ms. Peggy R. Frain
Stewart Title Of Tampa
Suite 202
3401 W. Cypress
Tampa, FL 33607

FILED
01 JUN 21 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

BK

NAME: 1405 CAPE CORAL, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS 11 55 _____