

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000026528					
1. Entity Name 1405 CAPE CORAL, INC.					
Principal Place of Business 2323 DEL PRADO BLVD CAPE CORAL, FL 33990			Mailing Address 2323 DEL PRADO BLVD CAPE CORAL, FL 33990		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0602454	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HICKMAN, HAROLD 3401 W. CYPRESS STREET, SUITE 202 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name: <u>MARDIS W. PARKER, SR.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2323 DEL PRADO BLVD.</u> City: <u>CAPE CORAL</u> FL Zip Code: <u>33990</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>M. Parker, Sr.</u>		MARDIS W PARKER SR		DATE: <u>1-6-05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HICKMAN, HAROLD 3401 W. CYPRESS STREET, SUITE 202 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, MARDIS W SR 2323 DEL PRADO BLVD CAPE CORAL, FL 33990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, WHIT 3401 W. CYPRESS STREET, SUITE 202 TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, JIMMY 2401 W. CYPRESS STREET, SUITE 201 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>M. Parker, Sr.</u>		MARDIS W PARKER SR		DATE: <u>1-6-05</u>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #: <u>239-772-1115</u>	

FILED
05 JAN -7 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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