

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026528

1. Corporation Name

1405 CAPE CORAL, INC.
d/b/a BAY TITLE SERVICES

REINSTATEMENT 02-03

2. Principal Office Address

2323 DEL PRADO BLVD

Suite, Apt. #, etc.

SUITE 9

City & State

CAPE CORAL, FL

Zip

33990

Country

USA

3. Mailing Office Address

2323 DEL PRADO BLVD

Suite, Apt. #, etc.

SUITE 9

City & State

CAPE CORAL, FL

Zip

33990

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/3/95

5. FEI Number

65-0602454

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 HICKMAN

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

3401 W. CYPRESS ST

Suite, Apt. #, Etc.

SUITE 202

City

TAMPA

State

FL

Zip Code

33607

100019870551

05/27/03--01028--012 **\$90.00

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 5/21/03

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
CD	HAROLD HICKMAN	3401 W CYPRESS ST #202	TAMPA, FL 33607
PD	MARDIS PARKER SR	2323 DEL PRADO BLVD #9	CAPE CORAL, FL 33990
D	WHIT LANCASTER	3401 W CYPRESS ST #202	TAMPA, FL 33607
D	JIMMY HICKMAN	3401 W CYPRESS ST #202	TAMPA, FL 33607

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:

Mardis W. Parker, Sr. MARDIS W. PARKER, SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03
Date

239-772-1115
Daytime Phone #

CR2E081 (10/02)

5/21