

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION⁹.

APPROVED
AND
FILED

97 AUG 18 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P97000046327~~ **P95000051231**

1. Corporation Name

LIDO CAPITAL CORPORATION

Principal Place of Business

Mailing Address

**1133 FOURTH STREET
SUITE 304
SARASOTA, FL 34236**

**1133 FOURTH STREET
SUITE 304
SARASOTA, FL 34236**

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0759948

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	INGARFIELD, EARL T.	1133 FOURTH STREET SUITE 308	SARASOTA, FL 34236
			200002272622--6
			-08/20/97--01096--002
			****915.00 ****915.00
			REINSTATEMENT 96-97
			A. alan
			8/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOSHUA REYNOLDS

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

1343 MAIN STREET,

Suite, Apt. #, Etc.

SUITE 204

City

SARASOTA

State

FL

Zip Code

34236

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-8-97

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.

SIGNATURE:

[Signature] **EARL INGARFIELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/97
Date

(941)365-0232
Daytime Phone #

CR2E040 (12/96)