

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 13 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073022

1. Corporation Name

The Comfort Zone Ltd. Inc.

200003887742--7

-03/20/01--01029--006

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

3. Mailing Office Address

229 Hancock Bridge Pkwy

16710 Sanctuary Estates Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

Country

Zip

Country

33993

Lee

33993

Lee

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/1995

5. FEI Number

65-0606482

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

Klunder, Kathy

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

16710 Sanctuary Estates Dr

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33993

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/2/01

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
President	Kathy Klunder 16710 Sanctuary Estates Dr Cape Coral, FL 33993	16710 Sanctuary Estates Dr	Cape Coral, FL 33993

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Klunder

Date

3/2/01

Daytime Phone #

(941) 242-0355

CR2E081 (9/00)



March 2, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Corporations Rep:

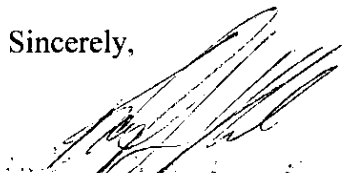
Enclosed please find the reinstatement form for my corporation. Per my conversations with Beth from your office on 2/20/01 and again on 3/2/01, she advised me to also send this letter.

This letter is to request the waiving of the reinstatement fee. I did not find out that my corporation was dissolved until I was researching new business insurance. Apparently, my old address came up in your system and I never received the 2000 Annual Report filing forms nor did I receive any notification from your office that my corporation was dissolved. My address changed back in 1996 and for the consecutive years following I always received my forms from you, but for some reason your system kicked in my old address last year and I never received anything.

Attached you will find my form to reinstate my corporation, The Comfort Zone Ltd, Inc. and my fee for \$150.00. Beth also advised me to include the \$150.00 that is owed for the filing of my 2001 annual report and this form will also take care of that. This means I am current with my filings.

If you have any questions, please do not hesitate to contact me. Thank you in advance for your cooperation with this matter. I hope you have a fantastic day.

Sincerely,



Kathy L. Klunder, president  
The Comfort Zone Ltd, Inc.