

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 23 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087006

1. Corporation Name

CAPTIVA ISLAND INN, INC.

100008148701--8
-10/02/02--01015--010
****908.75 ****908.75

2. Principal Office Address

618 N. Yachtsman Dr.

Suite, Apt. #, etc.

City & State

Sanibel Island, FL

Zip

33957

Country

Lee

3. Mailing Office Address

618 N. Yachtsman Dr.

Suite, Apt. #, etc.

City & State

Sanibel Island, FL

Zip

33957

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida**

October 22, 1996

5. FEI Number

65-0708846

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

Catherine DeGennaro

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

618 N. Yachtsman Dr.

Suite, Apt. #, Etc.

City

Sanibel Island

State

FL

Zip Code

33957

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

Catherine DeGennaro

REGISTERED AGENT MUST SIGN

Date *Sept. 19, 2002*

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
Pres.	Catherine DeGennaro	618 N. Yachtsman Dr.	Sanibel Island, FL 33957
V. P.	Robert DeGennaro	618 N. Yachtsman Dr.	Sanibel Island, FL 33957
Tres.	Catherine DeGennaro	618 N. Yachtsman Dr.	Sanibel Island, FL 33957
Sec.	Robert DeGennaro	618 N. Yachtsman Dr.	Sanibel Island, FL 33957

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:

Catherine DeGennaro

Catherine DeGennaro

9-19-2002 239-395-4366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #