

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 9:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000048104

1. Corporation Name

Captiva Enterprise, Inc.

2. Principal Office Address

1597 S. University DR
1180 NW 101 Ave

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

Broward

3. Mailing Office Address

1180 NW 101 Ave

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33322

Country

Broward

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

June 1997

5. FEI Number

65-0759986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carol Dzama

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

1180 NW 101 Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33322

800034017858

04/27/04--01031--024 **1050.00

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

Carol Dzama

REGISTERED AGENT MUST SIGN

Date

4-21-04

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
owner	Carol Dzama	1180 NW 101 Ave A	Plantation, FL 33322
manager	John Pannullo	Same as above	

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:

Carol Dzama

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-04

Daytime Phone #

(954) 424-7816

CR2E081 (10/02)