

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 11:20

DOCUMENT # P97000065649

1. Corporation Name

CAPTIVA ACCOMMODATIONS, INC.

Principal Place of Business

Mailing Address

2341 PALM RIDGE RD

2341 PALM RIDGE RD

SANIBEL, FL 33957

SANIBEL, FL 33957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1405 CARMELLE DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1405 CARMELLE DR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/97

5. FEI Number

65-0821027

Applied For

Not Applicable

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33919

Country

LEE

Zip

33919

Country

LEE

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
PTD	RODNEY JOBE	9446 YUCCA COURT	SANIBEL, FL 33957
VSD	KEITH MCMENAMY	1405 CARMELLE DRIVE	FORT MYERS, FL 33919
			600004649426--0 -10/23/01--01029--006 ****750.00 ****750.00
			AD

8. Name and Address of Current Registered Agent

RODNEY JOBE
9446 YUCCA COURT
SANIBEL, FL 33957

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-4-01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY G JOBE

10-04-01

Date

941-472-1613

Daytime Phone #

CR2E081 (12/98)