

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 11 PM 4:07

DOCUMENT # P98000039692

1. Corporation Name

CAPE CORAL ROASTERS, INC.

Principal Place of Business

15260 FIDDLESTICKS BLVD
FT. MYERS FL 33912

Mailing Address

15260 FIDDLESTICKS BLVD
FT. MYERS FL 33912

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

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 3	City / State / Zip 4
D	GENTLEMAN, THAD	15260 FIDDLESTICKS BLVD	FT. MYERS FL 33912

1-888-939-40261-3
-11/09/99--01089-012
***150.00 ***150.00

8. Name and Address of Current Registered Agent

GENTLEMAN, THAD
15260 FIDDLESTICKS BLVD
FT. MYERS FL 33912

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

Thad Gentleman

REGISTERED AGENT MUST SIGN

Date

Oct 10 1999

11. 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:

Thad Gentleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THAD GENTLEMAN

Oct 20 1999

Date

Daytime Phone #

941-424-6088

150 150

CR25040 (8/99)

Florida Dept. of State
Division of Corporations
P O BOX 6327
Tallahassee Fl 32314

Dear Sirs:

I recently received a notice of Administrative Dissolution or Revocation from your office. I was surprised because I never received a prior notice informing me a report was due.

I have completed the form as instructed and enclosed a check for the appropriate amount. I understand in the future I need to file by the file date, and will be sure to do so, even if I don't receive the appropriate notification from the state.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Thad Gentleman", written in a cursive style.

Thad Gentleman