

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98 0000 87602

## 1. Corporation Name

Security Capital of Southwest Florida, Inc.

## 2. Principal Office Address

P.O. Box 110448

Suite, Apt. #, etc.

City &amp; State

Naples, FL

Zip

34108

Country

USA

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

City &amp; State

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1998

## 5. FEI Number

593537992

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

Antonio Faga, Esquire

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

7955 Airport Road, N. Ste. 101

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

REGISTERED AGENT MUST SIGN

Date 1-05-04

## 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
VPD	Kathy Feinstein	P.O. Box 110448	Naples, FL 34108

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

Date

Daytime Phone #

1-6-04 239-596-3440

Phone (239) 596-3440

FILED

04 JAN -7 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 4/ 5  
P98000087602

Security Capital of Southwest Florida, Inc.  
P.O. Box 110448  
Naples, FL 34108

January 7, 2004

***Via Federal Express Delivery***

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Security Capital of Southwest Florida, Inc.  
Document No. P98000087602

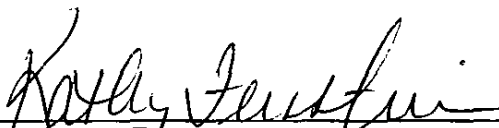
To Whom It May Concern:

Please be advised that we did not receive our 2003 Uniform Business Report. Please accept the enclosed check for \$300.00 to reinstate this corporation. Our correct mailing and principal office address is: P.O. Box 110448, Naples, Florida 34108.

Thank you for your courtesies regarding to this matter.

Very truly yours,

**Security Capital of Southwest  
Florida, Inc.**

By:   
Kathy Feinstein, President

Encls.