

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 98 JAN 26 PM 4:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S01404**

1. Corporation Name
CAPTIVA CLOTHING AND CO., INC.

1998
 A/R

Principal Place of Business
 455 PERIWINKLE WAY
 SANIBEL FL 33957

Mailing Address
 455 PERIWINKLE WAY
 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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/18/1990	
Suite, Apt. #, etc. 110 Chadwick Sq		Suite, Apt. #, etc. PO Box 755		5. FEI Number 65-0217183	
City & State Captiva Fla		City & State Captiva Fla		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33924		Zip 33924		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country USA		Country USA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	CANDALE, ARNOLD CANDALE	PO BOX 755 110 CHADWICK SQ	CAPTIV FL Captiva, Fla 33924
			700002415277--2 -01/28/98--01107--012 ****158.75 ****158.75 SL 1-27-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MURTY, TIMOTHY J. 1633 PERIWINKLE WAY S-G SANIBEL FL 33957		Name Candace Arnold Street Address (P.O. Box Number is Not Acceptable) 110 Chadwick Sq Suite, Apt. # PO Box 755 City Captiva State FL Zip 33924	

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 Candace Arnold Date 12/28/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Candace Arnold Date 10/28/97 Daytime Phone # 941-472-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CANDACE ARNOLD

CP20040 (8/97)