

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -8 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **476037**

1. Corporation Name

CASCAVEL, INC.

2. Principal Office Address

1865 BRICKELL AVE

Suite, Apt. #, etc.

1210

City & State

MIAMI FL

Zip

33129

Country

USA

3. Mailing Office Address

2655 LEJEUNE RD.

Suite, Apt. #, etc.

201

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-2142590

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

RONALD G. BAKER

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

2655 LEJEUNE RD

400003509294-5

-12/20/00--01090--012

Suite, Apt. #, Etc.

SUITE 201

*****1200.00 ***1200.00**

City

CORAL GABLES

State

FL

Zip Code

33134

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

Ronald G. Baker
REGISTERED AGENT MUST SIGN

Date **12/5/00**

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
P D	JORGE CAVELIER	1865 BRICKELL AVE #1210 MIAMI FL 33129	MIAMI FL 33129
V D	SYLVIA CAVELIER	1865 BRICKELL AVE RD	MIAMI FL 33129
V D	ANDRES CAVELIER	1865 BRICKELL AVE 1210	MIAMI FL 33129
S	MARGARET THOMPSON	6855 EDGEWATER DR #3E	CORAL GABLES, FL 33133
			KE

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:

Jorge Cavaler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/00

Daytime Phone #

305-856-1282