

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 MAR 14 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000033264

1. Corporation Name

NU. CADRI, INC

Principal Place of Business

Mailing Address

8222 WILES RD.  
CORAL SPRINGS, FL 33065

REINSTATEMENT

94-97

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

8222 WILES RD  
CORAL SPRINGS

8222 WILES RD  
CORAL SPRINGS

5. FEI Number

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
FLORIDA #274

Suite, Apt. #, etc.  
FLORIDA #274

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip  
33065

Country  
Broward

Zip  
33065

Country  
Broward

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
Pres	CAROL CARBO	3551 ORCHID DR	CORAL SPRINGS, FL 33065
U.Pres	Richard Carbo	3551 ORCHID DR	CORAL SPRINGS, FL 33065

400002115334--7  
-03/17/97--01115--003  
\*\*\*1245.00 \*\*\*1245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAROL CARBO  
6585 WINDSOR DR  
PARKLAND, FL 33067

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

*Carol Carbo*

REGISTERED AGENT MUST SIGN

Date

3-1-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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

CAROL CARBO

Date

3-1-97

Daytime Phone #

(954) 7525008

CR2E040 (12/96)