

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 OCT 28 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V49206**

1. Corporation Name

**C.A.H. ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

3399 PONCE DE LEON BLVD  
#201  
CORAL GABLES FL 33134

3399 PONCE DE LEON BLVD  
#201  
CORAL GABLES FL 33134

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

07/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-163827 ~~65-0168842~~

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	HOPKINS, CAROL	3399 PNCE D LEON BVD 201	CORAL GABLES FL
			100001989001--0 -10/29/96--01115--011 ***200.00 ****200.00

*10/10/28*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONSKY, MAURICE  
440 ROVINO AVE  
CORAL GABLES FL 33156

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

Date

REGISTERED AGENT MUST SIGN

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 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:

*Carol A. Hopkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-96  
Date

305-444-4124  
Daytime Phone #

CR2E040 (7/96)

10-25-96

Dept of State

Div of Corp.

: PO Box 6327

: Tallahassee, Florida

32314

Att: Shawn -

Per our phone conversation of yesterday. I advised that I had called there 2 times to receive my original document. Then when I got one it was the wrong FEI Number, I had also requested a corrected document. Now after being gone from my office I receive an application for re-instatement.

you advised I should put this in writing and send \$200.00 Please note the number that I corrected in Block 5.

Thank you

Carol Hopkins