

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M72187**

1. Corporation Name

CACCIAMANI DEVELOPMENT CO.

Principal Place of Business

**3138 COMMODORE PLAZA,
SUITE 315
COCONUT GROVE FL 33133**

Mailing Address

**3138 COMMODORE PLAZA,
SUITE 315
COCONUT GROVE FL 33133**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

362 MINORCA AVE

Suite, Apt. #, etc.

105

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A.

3. New Mailing Office Address, If Applicable

18405 HE 30 AVE

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33160

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1988

5. FEI Number

65-0092477

Applied For

Not Applicable

6.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	CACCIAMANI, LUIGANO	3326 MARY ST., #402	COCONUT GROVE FL
DCE	CACCIAMANI, FRANCO	3326 MARY ST., #402	COCONUT GROVE FL
DST	CACCIAMANI, CARLOS	3326 MARY ST., #402	COCONUT GROVE FL

900002514023-5
-05/06/98--01106--018
****900.00 ****900.00

REINSTATEMENT

'97-98

SEC 5-1-98

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANAY
1201 HAYS STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

MARIA C. CASTILLO

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

18405 HE 30 AVE.

Suite, Apt. #, Etc.

AVENTURA FL

City

AVENTURA

State

FL

Zip Code

33160

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

Maria C. Castilla

REGISTERED AGENT MUST SIGN

Date **10-28-97.**

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:

LUCIANO CACCIAMANI President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/98 (305) 931-7300
+1-28-97 (305) 442-7789

CR2E040 (8/97)