## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR REINSTATEMENT.



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### P02000005717 DOCUMENT #

1. Corporation Name

#### CAKIMOON CORPORATION

Principal Place of Business  43% PINE TREE DRIVE MIAMI BEACH FL 33140  If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State		New Mailing Office Address, If Applicable     Suite, Apt. #, etc.  City & State		f Applicable	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  Applied For Not Applicable  6. \$8.75 Additional Fee required		e
Zip	p Country Zip		Country		CERTIFICATE OF STATUS DESIRED  for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Flo    Title(s)   2			Street Address of Each Officer and/or Director  4396 PINE TREE DRIVE  4396 PINE TREE DRIVE			City/State/Zip  MIAMI BEACH FL 33140  M B FL 33140	
8. 1	lame and Address of Current	Registered Agent		<del>\</del>	9. Name and	Address of New Registered Agent	_
MANASTER, JOSHUA D ESQ. 1428 BRICKELL AVENUE MIAMI FL 33131				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code			CR2E040 (7/03)
10. I, being appointed Signature of Registered Agent	the registered agent of the ab	lJ SI	ation, am familiar w	ith and accept the of	oligations of Secti	on 607.0505, F.S. or 617.0505, F.S.  Date	-

11. I certify that I am an officer or director 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

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

Daytime Phone #

O3 OCT 27 PM 2:26

AHN" EULA From: Orly Stern 305-606.8396

I would like to state that regarding Cakinson Corporation I did not receive the reject letter on April 2nd and am
requesting for you to place wave the see. a letter explaining the Online piluotion was pent of is on file. That you, aly St 305-606-8396 It Cula, please Call to tell me that you received this can sall is taken (one of

To whom it may concern, I spoke to someone in reinstatement (ula peterson) and was told to submit a letter we have 4 corporations that we paid For In march 2003. The \$150-Fee por one. All my checks were deposited & cashed in the lank that Same week. I just recovered q letter that my corp. would be "Dissolution or revocation"! This is the 1st that I heard of this my other companies that I pard on the same day are 1. American Bowl 2-Jasco food service 3. CATUMOON Corporation 4. brandpas "OH! Southarn" Coffee cokeine Two were processed pine à the last 2 were not please warre my \$600 per.