

# # 681680

APPROVED  
AND  
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Fax Audit No. H98-5673

1998 MAR 24 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

Name and Mailing Address of Corporation: **DOCUMENT # 681680**

**CAFIN CORP.  
1000-Brickell-Avenue  
Miami-Florida-33131**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address  
**c/o Ms. Kattia Goldstein**  
Address  
**1000 Brickell Ave., Ste. 680**  
City and State  
**Miami, FL**  
Zip Code  
**33131**

|                                                                                 |                                    |                                                     |                                                                                                              |
|---------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified To Do Business in Florida<br><b>8/11/1980</b> | 4. FEI Number<br><b>59-2070770</b> | FEI Number Applied For<br>FEI Number Not Applicable | 5. <b>\$8.75</b> Additional Fee required for a Certificate of Status<br><b>CERTIFICATE OF STATUS DESIRED</b> |
|---------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

| 5. Names and Street Addresses of Each Officer and/or Director |                                      |                                                                                        |                                                     |
|---------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Title                                                      | 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 and State                                   |
| <b>PP/S/T</b>                                                 | <b>McGregor, Elizabeth</b>           | <b>151 Crandon Boulevard, #143<br/>P.O. Box 448</b>                                    | <b>Key Biscayne, FL 33149<br/>Managua-Nicaragua</b> |
|                                                               |                                      |                                                                                        |                                                     |
|                                                               |                                      |                                                                                        |                                                     |
|                                                               |                                      |                                                                                        |                                                     |
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|                                                               |                                      |                                                                                        |                                                     |
|                                                               |                                      |                                                                                        |                                                     |
|                                                               |                                      |                                                                                        |                                                     |

**REINSTATEMENT 81-98**  
**SCC 3-24-98**

| 6. Name and Address of New Registered Agent and/or Office                                                                                             |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 7. Name and Address of Current Registered Agent                                                                                                       |                                                                                    |
| Name<br><b>Goldstein, Kattia</b>                                                                                                                      | Street Address (Do NOT Use P.O. Box Number)<br><b>1000 Brickell Ave., Ste. 680</b> |
| Street Address (Do NOT Use P.O. Box Number)                                                                                                           | City and State<br><b>Miami FL 33131</b>                                            |
| 7. Name and Address of Current Registered Agent<br><b>Berley, David R.<br/>700-Brickell-Avenue<br/>901-Security-Trust-Building<br/>Miami-FL-33131</b> |                                                                                    |

9. 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: Kattia Goldstein Date: 3/24/98

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ See other side for additional information.

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Elizabeth McGregor Date: 3-18-98 Daytime Phone: 305-374-1054

Typed or printed name of signing officer or director: Elizabeth McGregor, President

This instrument prepared by:  
Richard M. Goldstein, Esquire  
Florida Bar No. 389817  
RUBIN BAUM LEVIN CONSTANT FRIEDMAN & BILZIN  
2500 First Union Financial Center  
Miami, Florida 33131-2336  
Telephone: 305-374-7680

Fax Audit No. H98- 5673

MAR. - 24 98 (TUE) 13:01 BILZIN, RUBIN, ET AL

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FLORIDA DIVISION OF CORPORATIONS  
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FAX #:

FROM: BILZIN SUMBERG DUNN & AXELROD LLP  
075350000132

ACCT#:

CONTACT: KENDALL SPARKMAN  
PHONE: (305) 374-7580  
(305) 350-2446

FAX #:

NAME: CAFIN CORP.

AUDIT NUMBER.....H98000005673

DOC TYPE.....CORPORATION REINSTATEMENT

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