

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 PM 3:13

DOCUMENT # 762282

1. Corporation Name

CAC Building Association, Inc.

600156511066
05/28/09--01017--014 **131.25

REINSTATEMENT 08-09K5

2. Principal Office Address - No P.O. Box #

401 THIRD ST. SW

Suite, Apt. #, etc.

3. Mailing Office Address

401 Third St. S.W.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33880

Country

City & State

Winter Haven, FL

Zip

33880

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

3/03/1982

5. FEI Number

592217214

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Connell

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

17 Lake Link Drive S.E.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Robert Connell

REGISTERED AGENT MUST SIGN

Date

5/19/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert Connell	17 Lake Link Drive S.E.	Winter Haven, FL 33884
V.P.	Chris Ervich	401 Third Street S.W.	Winter Haven, FL 33880
Treas.	Bob Santo	"	"
Sec'y	Ken Nelson	"	"
Director	Bob Nelson	"	"
"	D. J. Cloum	"	"

10. 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 contained in Chapter 119, 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:

Robert Connell Robert Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2009

Date

863 294-9189

Daytime Phone #