	PLEASE READ	ALL INST	BUCTIONS	SBFF	OBE C	OMPLET	ING THIS F	OBM	
,	PLICATION FOR STATEMENT	_ORIDA	A DEPARTME Sandra B. Mo Secretary of	ENT Of ortham State	STATE		APPRO		
DOCUMENT # 769461						99 JAN -4 AMII: 18			
1. Corporation Name  CAJO ASSOCIATING.  PO BOX 17015						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
PLANTATION, FL 33318-7015 Principal Place of Business Mailing Address C/O HELENE NEER						3000027347936			
470 NW 78TH TERRACE						-01/08/9901068020 REINSTATEMENT**********************************			
PLANTATION, FL 33324						HEIN	13 IAITI	ncia i	* <b>%</b> \$55 <b>\%</b> 5
	ddresses are incorrect in any way, line throncipal Office Address, If Applicable		formation and ente ng Office Address, N I A				orated or Qualified	7-19-8	22
Suite, Apt.		Suite, Apt. #,	etc.			5. FEI Number		1 -1-1-6	Applied For
City & State		City & State				59-a	370121	A0 7/5	Not Applicable
Zip	Country	Zip	Coun	try		CERTIFICATE	OF STATUS DESIRED		litional Fee required
7. Names a						<u></u> -	4	City / State / Zi	p
PRES.									
Q q V	MICHAEL BENENATI 7811 1			w 4	ार भा	PLANTATION, FL 33324			
٧p	RITA DOBBS 4			NW	41.8L	AVE. PLANTATION, FL 3332			FL 33324
SECTY	SANDRA SNYDER 316			NW	78TH	TERR	TERR PLANTATION, FL 33324		
TREAS.	HELENE NEER 470			NM	7874	TERR PHANTATION, FL 33324			
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
						HELENE NEER  O. Box Number is Not Acceptable)			
470 NW 78TH TERR. Suite, Apt. #									
PLANTATION, FL 33324						CATAT	inil	State Zip C	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.								FL   3	3324
Signature of Registered Agent Date 11-30-98  REGISTERED AGENT MUST SIGN									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Does Not owe or Pay (See of the land of the current year Intangible Personal Property tax due June 30.									
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/30/98 (954) 423-1077									