


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN 13 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/13/04--01073--013 \*\*297.50

DOCUMENT # 769461  
1. Corporation Name  
CAJO Association, Inc.

2. Principal Office Address 305 NW 78 <sup>TH</sup> AVE. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 17015 Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33324	Country Broward	Zip 33318	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/19/1983

5. FEI Number 59-2370121  
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 J. Knox  
Street Address (P.O. Box Number is Not Acceptable) 305 NW 78<sup>TH</sup> AVE. **REINSTATEMENT 03**  
Suite, Apt. #, Etc.  
City PLANTATION State FL Zip Code 33324

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 J. Knox* Date 12/23/03  
REGISTERED AGENT MUST SIGN

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 J. KNOX	305 NW 78 <sup>TH</sup> AVE.	PLANTATION, FL. 33324
V.P.	August Perez	291 NW 78 <sup>TH</sup> TERR.	" " "
U.P.	RUBEN HOLSCHAUER	7761 NW 4 <sup>TH</sup> ST.	" " "
TREAS	Jorge Obradovich	7900 CANTERBURY LANE	" " "
Secy	Andy Chin	280 NW 78 <sup>TH</sup> TERRACE	" " "

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 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: *Robert J. Knox* Robert J. Knox Date 12/23/03 Daytime Phone # 954-462-9660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)