

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|---|--|---|----------|
| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS | | FILED 99 DEC -1 PM 12: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # F23139 (1) | | | | | |
| 1. Corporation Name CADEL ENTERPRISES, INC. | | | | | |
| Mailing Address 5374 West 12th Avenue Hialeah Florida 33012 | | Principal Place of Business 5374 West 12th Avenue Hialeah Florida 33012 | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Mailing Address, If Applicable | | 3. New Principal Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 02/19/1981 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-2071105 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| Zip | | Zip | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| Country | | Country | | <small>See Florida Statutes, Section 607.0505, F.S.</small> | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| PD | VILLA, VICTOR | 15330 Dunford Drive | Miami Lakes Florida | | |
| STD | VILLA, CAROLINA | 15330 Dunford Drive | Miami Lakes Florida | | |
| | | | | 100003065141-7 -12/09/99--D1041--D1B ***900.00 ***900.00 | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | |
| VILLA, CAROLINA 15330 Dunford Drive Miami Lakes Florida 33014 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | Suite, Apt. #, Etc. | | |
| | | | City | State FL | Zip 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. | | | | | |
| Signature of Registered Agent <i>Carolina Villa</i> | | CAROLINA VILLA | | 11/30/1999 | |
| REGISTERED AGENT MUST SIGN | | | | | |
| 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.) | | | | | |
| 12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) KE | | | | | |
| 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: <i>VICTOR VILLA</i> | | VICTOR VILLA | | 11/30/1999 (305) 362-9139 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

CR22040 (8-94)