PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FOR. REINSTATEMENT	FLORIDA DEPARTMENT OF STAT		IT OF STATE	FILED		
DOCUMENT # F23139 (1)				99 DEC - 1 PM 12: 24		
CADEL ENTERPRISES, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
, and				}	iallahassee, fl <b>o</b> ri	DA }
Mailing Address Principal Place of Business				ł		
5374 West 12th Avenue 5374 Wewt 12th Avenue Hialeah Florida 33012 Hialeah Florida 33012				ł		
Illatean Holfda 55012	niarca		3022			Ī
If above addresses are incorrect in any way, line thr	ough incorrect in	formation and enter o	correction below.	REIN	STATEMENT	02-09
New Mailing Address, If Applicable 3. New Principal Office Address, I				Date Incorp.     To Do Busin	prated or Qualified o2/19/	1981
Suite, Apt. #, etc	#. etc. Suite, Apt. #, etc.		<del></del>	5. FEI Number		Applied For
City & State	City & State			59-207		Not Applicable
Zip Country	Zip	Zip Country		CERTIFICATE OF STATUS DESIRED [ ] State of the state of t		
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	Offi		eet Address of Each icer and/or Director ie Post Office Box N	r	City / State / Z	ip
PD VILLA, VICTOR	VILLA, VICTOR		15330 Dunford Drive		Miami Lakes Florida	
STD VILLA, CAROLINA	VILLA, CAROLINA 1		15330 Dunford Drive		Miami Lakes Florida	
				<u>"</u>	00003 <b>0651</b> -12/09/99010 ****900_00_*	<del>417</del> 041018 ****900.00
R Name and Address of Current Paristaned Asset				G. Name and Address of New Registered Agent		
8. Name and Address of Current Registered Agent Name			Name	9. Name and Address of New Registered Agent s (P.O. Box Number is Not Acceptable)		
15330 Dunford Drive			Street Address (F	eel Address (P.O. Box Number is Not Acceptable)		
			Sulte, Apt. *, Etc.			
City				Biate Zip Code		
10 1, being appointed the redistered adent of the about			_			<del></del>
Signature of Registered Agent	GISTERED AG	rolica de ENT MUST SIGN	Villa	CAROLINA	VILLA 11/30/1999	
11. If this corporation is a non-p			(3) tax exen	npt status,	check this box 🔲 🏎	See other side for sitional information.)
12. 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) (See other side						
13. I do hereby certify that the information supplied lease the Division of Corporations from any liabil certify that I am an officer or director or the rece this reinstatement application the reason for diss tees owed by the corporation have been paid. T under oath.	with this filing is to do non-complicate or trustee or colution has been the information in	roluntarily furnished ance with Section 11 appwered to execute a eliminated, the con adicated on this appli	and does not qualify 9.07(3)(k) in the ew this application as porate name satisfi- ication is true and a		in stated in Section 119.07(3)(k), Fix lation supplied is deemed exempt in hapter 607 or 617, F.S. I further can his of section 607,0401 or 617,0401 signature shall have the same legs	oride Statutes. I re- om public access. I tify that when filling I, F.S., and that all al effect as if made
SIGNATURE: SIGNATURE AND TYPED OF PR	NITED NAME OF S	VICTOR		1	1/30/1999 (305) 36	[