

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80017222018
03/15/10--01060--003 **1800.00
CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G13698

1. Corporation Name

Cassidy & Associates, Inc.

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

250 Ave K, SW

Suite, Apt. #, etc.

Suite 100

City & State

Winter Haven, FL

Zip

33880

Country

Polk

3. Mailing Office Address

250 Ave K, SW

Suite, Apt. #, etc.

Suite 100

City & State

Winter Haven, FL

Zip

33880

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1982

5. FEI Number

59-2249980

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

Albert B. Cassidy

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

250 Ave K, SW

Suite, Apt. #, Etc.

Suite 100

City

Winter Haven

State

FL

Zip Code

33880

☐ 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

Albert B. Cassidy

REGISTERED AGENT MUST SIGN

Date 3/11/10

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
DP	Steven Cassidy	250 Ave K, SW, Ste 100	Winter Haven, FL 33880
DVP	Peter Cassidy	250 Ave K, SW, Ste 100	Winter Haven, FL 33880
SD	Carol Rhinehart	250 Ave K, SW, Ste 100	Winter Haven, FL 33880
CD	Albert Cassidy	250 Ave K, SW, Ste 100	Winter Haven, FL 33880
REINSTATEMENT			

10. E-mail Address: srounds@cassidyhomes.com

(to be used for future annual report notification)

11. 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 I further certify 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:

Albert B. Cassidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/10

Date

863-324-3698

Daytime Phone #