

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G37430**

1. Corporation Name

CAVYT OF SOUTH FLORIDA, INC.

Principal Place of Business

300 N.W. 70th Avenue
Suite 301
Plantation, FL 33317

Mailing Address

300 NW 70 Ave.
Suite 301
Plantation, FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
1	2	3	4
PD	MIGUEL ROMANO	1133 W. Cypress Road	Pompano Beach, FL 33069

8. Name and Address of Current Registered Agent

ROGER F. BORRELLO
300 NW 70 Ave., Suite 301
Plantation, FL 33317

9. Name and Address of New Registered Agent

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

Roger F. Borrello
REGISTERED AGENT MUST SIGN

Date

2/26/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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)(b), 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:

Miguel Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
Date

(954) 797-7707
Daytime Phone #

FILED

99 MAR -1 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

May 9, 1983

5. FEI Number

59-2297218

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000002794730-8
-03/04/99-01071-008
****900.00 ****900.00

002108*12/98