

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000025530

03 DEC 18 PM 5:36

Name and Mailing Address

0005152 01 AT 0.292 **AUTO T1 0 0615 33060-743130

CAACAVIELLO REALTY & MORTGAGE LLC
1004 PINE DR
UNIT 105
POMPANO BEACH FL 33060-7431



503144916010
05/08/03 90019 038 \$50.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/26/2002	
Principal Place of Business 1004 PINE DR UNIT 105 POMPANO BEACH FL 33060	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 320034990	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CAACAVIELLO, GARY 1004 PINE DR 105 POMPANO BEACH FL 33060	9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) 700024289707 10/30/03--01051--023 **150.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date 10/20/03 -
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	GARY CAACAVIELLO	1004 PINE DR UNIT 105 POMPANO BEACH, FL 33060	POMPANO BEACH, FL 33060

REINSTATEMENT

12. I certify that I am managing member/manager or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager **SIGNATURE REQUIRED** Date Daytime Phone 954-684-5513

Typed or printed name of signing Managing Member/Manager