

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

182
FILED

04 FEB 16 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L29297

1. Corporation Name

Caro Development, Inc.

2. Principal Office Address

16380 SW 137 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6701 Sea Isle Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Fort Myers, Florida

Zip

33177

Country

Zip

33908

Country

REINSTATEMENT 95-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/1989

5. FEI Number

650172486

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

Volker Meltdner

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

6701 Sea Isle Drive

Suite, Apt. #, Etc.

500028818575

City

Fort Myers

State
FL

Zip Code

33908

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

V. Meltdner

REGISTERED AGENT MUST SIGN

Date

2/12/04

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
PD	James C. Caro	16380 SW 137 Ave	Miami, FL 33177
S	Volker Meltdner	6701 Sea Isle Drive	Fort Myers, FL 33908

10. 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)(i), 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:

V. Meltdner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

(239) 482 2304

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

292

ACCOUNT NO. : 072100000032

REFERENCE : 440349 7121163

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 2100.00

ORDER DATE : February 13, 2004

ORDER TIME : 5:05 PM

ORDER NO. : 440349-005

CUSTOMER NO: 7121163

CUSTOMER: Ms. Nancy Levros
Aleida Ors Waldman, P.a.
440 S. Andrews Avenue

Fort Lauderdale, FL 33301

DOMESTIC FILINGS

NAME: CAVO DEVELOPMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____

RECEIVED
04 FEB 16 AM 8:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA