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FILED
05 APR 27 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~169257~~ L03257

1. Corporation Name
CAZABAK OF MIAMI, INC.

2. Principal Office Address	3. Mailing Office Address
12200 N.W. 7th STREET	12200 N.W. 7th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FLORIDA	City & State: PLANTATION, FLORIDA
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 3, 1990

5. FEI Number: 650369460 ☐ 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: CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable): Corporate Center Three at International Plaza, 4221 West Boy Scout Boulevard

Suite, Apt. #, Etc.: 10th Floor

City: Tampa State: FL Zip Code: 33607

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: _____ Date: 4/22/05
REGISTERED AGENT MUST SIGN

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
P	ALBERT R. MOLINA, JR.	12200 N.W. 7th STREET	PLANTATION, FL 33325
VP	MICHAEL W. SLATON	17380 S.W. 33RD LANE	MIRAMAR, FL 33029

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: Albert R Molina Jr 4.21.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Records APR 27 2005

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CAZABAK OF MIAMI, INC.

Certificate of Status	0
Certified Copy	0
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150.00

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