


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M9900000068

FILED
2002 NOV 21 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0008366 01 FP 0.352 **PRSRT T5 0 0615-85018-722699
CAVALRY INVESTMENTS, LLC
3033 N. 44TH STREET #300
PHOENIX AZ 85018-7226



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 01/19/1999		6. FEI Number 91-1934086	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
Principal Place of Business 7 SKYLINE DRIVE 2ND FLOOR HAWTHORNE NY 10532	3. New Principal Place of Business Address City, State, Zip	8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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 By: Candice L. Mallernee **Candice L. Mallernee, Asst. Secy.** Date 11/15/2002
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
P	ZARO, ANDREW	87 SKYLINE DR. 2ND FL.	HAWTHORDE NY 10532

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11/21/02--01098--006 **155.00

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver 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 Andrew Zaro Date _____ Daytime Phone # 914-347-3440
Typed or printed name of signing Managing Member/Manager Andrew Zaro