

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 21 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P000000051901

1. Corporation Name

Cady Scholastic Services, Inc.

500004883015--7

-02/06/02--01042--012

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

1891 SW Midtown PL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Zip

32025

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

May 22<sup>nd</sup>, 2000

5. FEI Number

59-3646150

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

Thomas P. Cady

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

1891 SW Midtown PL

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

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

Thomas P. Cady

REGISTERED AGENT MUST SIGN

Date

12/19/01

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	Mark A. Cady	P.O. Box 2887	Lake City, FL 32056
V.P.	Thomas P. Cady	P.O. Box 2933	Lake City, FL 32056

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:

Thomas P. Cady

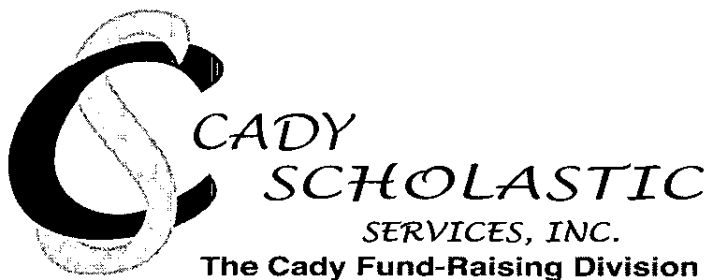
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01

Date

Daytime Phone #

386-758-2976



Wednesday, December 19, 2001

Secretary of State  
State of Florida  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

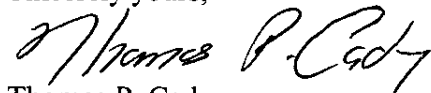
Re: Cady Scholastic Services, Inc.

Dear To Whom It May Concern,

It has recently come to my attention that an annual filing required by the state of Florida has lapsed. I apologize. Attached you will find the application for reinstatement of Cady Scholastic Services, Inc.

I never received any letter or packet informing me of this filing, and as such was unaware of the requirement. Also as a first time Vice President and CFO I did not know to inquire about not receiving this information. I hereby ask that the late fees be waived and my check in the amount of \$150.00 is enclosed in payment of the filing fee.

Sincerely yours,

  
Thomas P. Cady

Since 1986 providing the finest in: •Fall/Christmas/Spring/Easter Gift Brochures•  
•Hershey™ & M/M Mars™ Candy Sales•Gourmet Cookie Dough•Lollipops•Holiday Shops•And more.

1891 S.W. Midtown Place Lake City, FL 32025  
(800) 234-5561 Fax: (386) 758-6789 E-mail: [cadv@atlantic.net](mailto:cadv@atlantic.net)