

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 12: 05

DOCUMENT # P00000094353

1. Corporation Name

CAJUN SNOW, INC.

Principal Place of Business

Mailing Address

890 N.E. 118TH STREET
BISCAYNE PARK FL 33161

890 N.E. 118TH STREET
BISCAYNE PARK FL 33161



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State:

City & State

65-1059335

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOSEPH SETTICASE	890 NE 118 ST.	BISCAYNE PARK, FLA. 33161

500004698265--3
-11/29/01--01047--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SETTICASE, JOSEPH
890 N.E. 118TH STREET
BISCAYNE PARK FL 33161

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joseph Setticasa
REGISTERED AGENT MUST SIGN

Date

AD

11. 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: JOSEPH SETTICASE Joseph Setticasa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CBLL 305 333-4575
305 891-4346

CR2E040 (8/01)



CAJUN SNOW



THE ORIGINAL NEW ORLEANS STYLE SNO BALLS

Available for • Parties • Functions • Promotions, etc.

Office: (305) 891-4346

Cell: (305) 333-4575

Fax (305) 891-4346

Licensed and Insured

CAJUN ICE, INC.

890 N.E. 118th St.

Biscayne Park, FL 33161

OCT. 28, 2001

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314-6327

TO WHOM IT MAY CONCERN:

CAJUN SNOW, A MOBILE REFRESHMENT STAND, WAS PURCHASED
IN SEPT. 2000. IT IS AN OUTDOOR ONE MAN OPERATION ON
WEEKENDS, WEATHER PERMITTING AND APPLICANTS/OWNER
AVAILABILITY. APPLICANTS/OWNER HAS FULLTIME WEEKLY
EMPLOYMENT. OTHER THAN THE CURRENT NOTICE RECEIVED
ON 10-13-01 NO OTHER MAILINGS HAVE BEEN DELIVERED.
ENCLOSED, PLEASE FIND CHECK FOR \$150.00

SINCERELY
Joe Setticover
CAJUN SNOW INC.

ENCLOSURE: