

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 11:56

DOCUMENT # P00000114480

1. Corporation Name
CAU CAU Trolley of Marco, Inc

REINSTATEMENT

01-06

2. Principal Office Address
1570 Collingswood Ave

3. Mailing Office Address
P.O. Box 1935

02/14/02 90065 036 \$150.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Marco Island, Fl.

City & State
Marco Island, Fl.

4. Date Incorporated or Qualified
To Do Business in Florida 2003

5. FEI Number
59-3697322

Applied For
Not Applicable

Zip Country
34145 USA

Zip Country
34146 USA

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

7. Name and Address of Current Registered Agent

Name
Vivian Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
1570 Collingswood Ave

Suite, Apt. #, Etc.

City
Marco Island, Fl.

State
FL

Zip Code
34145

300082322553
12/06/06--01038--026 **1350.00

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
Vivian Rodriguez

Date
Dec 4, 2006

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
Director	Vivian Rodriguez	1570 Collingswood Ave	Marco Island, Fl. 34145
President	Raul Rodriguez	1570 Collingswood Ave	Marco Island, Fl. 34145

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:

Vivian Rodriguez / Vivian Rodriguez 12/4/06 239-394-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (10/02)