

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

03 MAY -7 AM 8:09

DOCUMENT # P01000102358

1. Corporation Name

C. A. Spot, Inc.

2. Principal Office Address

9475 Alt. A1A

Suite, Apt. #, etc.

City & State

Lake Park, FL

Zip

33403

Country

3. Mailing Office Address

9475 Alt. A1A

Suite, Apt. #, etc.

City & State

Lake Park, FL

Zip

33403

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 22, 2001

5. FEI Number

26-0006236

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

Ana M. Navarrete

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

9475 Alt A1A

Suite, Apt. #, Etc.

300018470003

05/07/03--01122--009 \*\*300,000

City

Lake Park

State

FL

Zip Code

33403

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

Ana Navarrete

REGISTERED AGENT MUST SIGN

Date

4/30/03

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.S.T.D	Ana M. Navarrete	9475 Alt. A1A	Lake Park, FL 33403
VP, D	Camilo Navarrete	9475 Alt. A1A	Lake Park, FL 33403

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:

Ana Navarrete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

561 844-2038

Daytime Phone #

5/16/03