

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500012964615  
02/21/03--01077--018 \*\*300.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000108206**

1. Corporation Name

**Caxem, Inc.**

2. Principal Office Address

**701 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 2620**

City & State

**MIAMI, FL**

Zip

**33131**

Country

**USA**

3. Mailing Office Address

**701 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 2620**

City & State

**MIAMI, FL**

Zip

**33131**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-14-01**

5. FEI Number

**65-1155692**

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

**Didien Pilon**

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

**5805 Blue Lagoon Drive**

Suite, Apt. #, Etc.

**Suite 410**

City

**MIAMI**

State

**FL**

Zip Code

**33126**

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

REGISTERED AGENT MUST SIGN

Date **2-11-03**

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
President	Didien Pilon	5805 Blue Lagoon Dr. # 410	MIAMI, FL 33126
SD.	Sandra Rodriguez	5805 Blue Lagoon Dr. # 410	MIAMI, FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-03**

Date

**305-261-1902**

Daytime Phone #

CR2E081 (10/02)

gr 2/24

5805 Blue Lagoon Drive  
Suite 410  
Miami, FL 33126  
Ph: 305-261-1902  
Fax: 305-266-4128

# CAXEM, INC

February 11, 2003

Florida Department of Revenue  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: P01000108206**

Dear Sir or Madam:

Following our telephone conversation, attached please find check No. 1006 in the amount of \$300.00 to reinstate corporation for Caxem, Inc.

We are hereby requesting a wave of late fees and penalties due to the fact that we did not receive the 2002 notice of payment.

If you have any questions concerning the reinstatement of Caxem, Inc, please do not hesitate to contact our office at 305-261-1902.

Sincerely,

Didier Pilon  
President  
Caxem, Inc

