

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 192

07 APR -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062618

1. Corporation Name

CAC International Group, Inc.

2. Principal Office Address

5401 Tice Street

Suite, Apt. #, etc.

City & State

Ft Myers, FL.

Zip

33905

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

05-07 CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1987

5. FEI Number

20-8773749

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

Raul R. Rivero

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

5401 Tice Street

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33905

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

[Signature]

Date

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
Pd.	Raul R. Rivero	5401 Tice Street	Ft. Myers

300098358358
04/10/07--01041--019 **450.00

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 thru 2007 or any other notice from the Division of Corporations in respect with the Corporation **CAC INTERNATIONAL GROUP, INC.**

Thank you for your courtesy in this matter.



RAUL R. RIVERO