

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067100

1. Corporation Name

CADO CREATIVE, INC.

300040045183
09/14/04--01024--012 **600.00

2. Principal Office Address

1001-1 KINGS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1001-1 KINGS AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

DUVAL

City & State

JACKSONVILLE, FL

Zip

32207

Country

DUVAL

300040045183
08/10/04--01045--002 **150.00
11/20/03 01060/014 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

5. FEI Number

27-0017967

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

DANIEL R. BURGOS

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

618 STOCKS ST.

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

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

8/6/04

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
P	DANIEL R. BURGOS	618 STOCKS ST.	ATLANTIC BEACH, FL 32233

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

Date

8/6/04

Daytime Phone #

904-396-3865

CR2E081 (01/04)

2 of 2

Cado Creative, Inc.
1001-1 Kings Ave.
Jacksonville, FL 32207

FILED

04 SEP 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

August 3, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

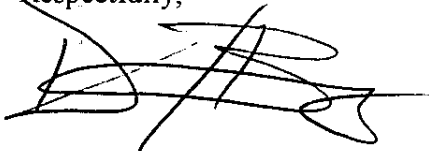
Subject: Request for Waiver of Reinstatement Fee

Enclosed is the corporate reinstatement form for **Cado Creative, Inc.**, document number **P02000067100**.

I am requesting a Waiver of Reinstatement Fee. I did not receive the Annual Business Report renewal information for 2003. Because it was the first year I was required to file the report, I was not aware that I should be expecting the renewal information.

A check for the 2004 Annual Business Report fee of \$150.00 is also enclosed. I am not including the \$150.00 fee for 2003 because it was already paid in November 2003.

Respectfully,



Daniel R. Burgos, President