

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 16 AM 8:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009098

1. Corporation Name

CAVAL CORP.

2. Principal Office Address

4711 NW 79 AVE

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33166

Country

USA

3. Mailing Office Address

4711 N.W. 79 AVE

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33166

Country

USA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2003

5. FEI Number

32-0055461

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

PEDRO CORPAS

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

4711 NW 79 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33166

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

P. Corpas

REGISTERED AGENT MUST SIGN

Date 10/13/06

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	PEDRO CORPAS	4711 NW 79 AVE.	MIAMI / FL / 33166
	10/10/20		
			200080885382 10/13/06--01020--002 **1050.00

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:

P. Corpas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/06 786-718-4544

Daytime Phone #