

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000071818**

1. Corporation Name

C.A.D. VENTURES, INC.

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #

405 NE 23RD AVE

3. Mailing Office Address

P.O. BOX 266604

Suite, Apt. #, etc.

2N

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

WESTON, FL

Zip

33062

Country

USA

Zip

33326

Country

USA

300180986623

05/17/10--01056--014 **608.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

6-26-03

5. FEI Number

TN 55-0838352

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

MICHAEL A. CANO

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

405 NE 23RD AVE

Suite, Apt. #, Etc.

2N

City

POMPANO BEACH

State

FL

Zip Code

33062

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **5-1-10**

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
PRES.	MICHAEL A. CANO	405 NE 23RD AVE.	POMPANO BEACH, FL 33062

10. E-mail Address: **CADVENTUREINC@GMAIL.COM**

(To be used for future annual report notification)

11. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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]* **MICHAEL A. CANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-10

Date

Daytime Phone # **954 632-7678**