


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000076601 1. Entity Name CAYDON, INC.						FILED 06 APR 12 PH 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5274 NW 114TH AVE #304 MIAMI, FL 33178				Mailing Address 5274 NW 114TH AVE #304 MIAMI, FL 33178			
2. Principal Place of Business 15036 SW 8 LANE Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL				City & State			
Zip 33194		Country USA		Zip		Country	
4. FEI Number 651242974				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAUGHT, DONALD L 5274 NW 114TH AVE #304 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>Donald L Haught</i> <small>Signature, Typed or printed name of registered agent and title if applicable</small>				DATE: <i>Apr 2 2008</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUGHT, DONALD L 5274 NW 114TH AVE #304 MIAMI, FL 33178			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAUGHT, CLAUDIA S 5274 NW 114TH AVE MIAMI, FL 33178			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Donald L Haught</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>Apr 2 2006</i> 305 307 2540 <small>Date Daytime Phone #</small>			