

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000120376

1. Corporation Name

CADCO DESIGN CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #
638 Flagler Blvd.

3. Mailing Office Address
P.O. Box 14792

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Park, Florida

City & State
North Palm Beach, Florida

Zip
33403

Country

Zip
33408

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 08/30/2005

5. FEI Number 20-3390902

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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City
Miami

State
FL

Zip Code
33145

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.

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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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent - By:

Date 1-7-08

Natalia Utrera, Vice President

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
PTD	Hockman, Steve P.	638 Flagler Blvd.	Lake Park, Florida 33403
VS	Hockman, Wendy B.	638 Flagler Blvd.	Lake Park, Florida 33403

REINSTATEMENT

06-08

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: Steve Hockman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

Date

Daytime Phone #