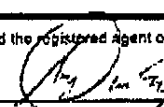
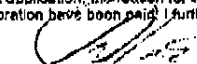


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 FEB -1 PM 3:18	
DOCUMENT # P08000069616 1. Corporation Name FED & CAV GROUP, INC					
2. Principal Office Address - No P.O. Box # 10040 NW 28 TERRACE Suite, Apt. #, etc.		3. Mailing Office Address 10040 NW 28 TERRACE Suite, Apt. #, etc.		REINSTATEMENT 09-10 KS	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA			
Zip 33172	Country USA	Zip 33172	Country USA		
7. Name and Address of Current Registered Agent Name EDUARDO J FERRER Street Address (P.O. Box Number is Not Acceptable) 10040 NW 28 TERRACE Suite, Apt. #, Etc.					
City MIAMI		State FL	Zip Code 33172		
6. 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:  _____ Date: _____ 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	EDUARDO J FERRER	10040 NW 28 TERRACE	MIAMI FL 33172		
10. E-mail Address: <u>edferrera@gmail.com</u> (To be used for future annual report notification)					
I, 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. 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: 		EDUARDO J FERRER, P			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6384

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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CORPORATION REINSTATEMENT
FED & CAV GROUP, INC

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