

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000005418

1. Corporation Name

Cagan Crossings Investments Holding, Inc.

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

2215 River Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

Duval

3. Mailing Office Address

2215 River Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

Duval

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
09/27/2013

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William J. Deas

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

2215 River Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

100260840291
06/03/14--01006--011 **900.00

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

Date 05/14/2014

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
D	Jeffrey Cagan	3856 Oakton St.	Skokie, IL 60076

10. E-mail Address: joe@cagan.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 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/2014

847/324-8922

Date

Daytime Phone #

Re 6/13/14