

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -5 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000044727**

**1. Corporation Name**

Cipco Corporation, Inc

**2. Principal Office Address**

1450 N US HWY 1

**3. Mailing Office Address**

1450 N US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32796-1314

Country

USA

Zip

32796-1314

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593188573

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ramesh M. Kadiwar

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

485 Lakepark Trail

800021727348

07/22/03--01083--001 \*\*900.00

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

**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

*R. M. Kadiwar*

REGISTERED AGENT MUST SIGN

Date 7/21/03

**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.	Ramesh M. Kadiwar	485 Lakepark Trail	Oviedo, FL 32765
Sec.	Iladevi R Kadiwar	485 Lakepark Trail	Oviedo, FL 32765

**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 under section 119.07(3)(i), 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:**

*R. M. Kadiwar*

Ramesh M. Kadiwar

7/21/03

321-383-7907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/8/5