

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000060361

1. Corporation Name

CAF TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

1021 Ives Dairy Road
Bldg 3 Suite 216
North Miami Beach, FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
08/23/93

5. FEI Number

65-0436898

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 Filing Date and Fee |
|---------------|---|--|--|
| D | FAWCETT, CARL A. | 1021 Ives Dairy Rd Bldg 3 Suite 216 North Miami Beach, FL 33179 | 12/23/98 - 01005 - 010 ***1350.00 / 2***1350.00 |
| D | Fawcett, Jackie A. | 1021 Ives Dairy Rd Bldg 3 Suite 216 North Miami Beach, FL 33179 | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

94-98

12-21-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B & C Corporate Services, Inc.
Courthouse Center
175 NW First Ave Suite 2000
Miami, FL 33128

SAME REGISTERED AGENT

BUT DIFFERENT MAILING ADDRESS

Name

B & C CORPORATE SERVICES, INC.

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

201 S. Biscayne Blvd., Suite 3000

Suite, Apt. #, Etc.

SUITE 3000

State

Zip Code

FL

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

ANNA SALGADO, REGISTERED AGENT SIGN

Date

12/17/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. FAWCETT

12/17/98

305 653-1181

Daytime Phone #

CR2ED40 (12/96)