

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10 2000 8:00 am
Secretary of State

DOCUMENT # P93000081999

1. Corporation Name

888 Building Inc.

700003280457--C
-06/07/00--01094--025
***1500.00 ***1500.00

2. Principal Office Address

888 NW 270 Ave

Suite, Apt. #, etc.

City & State

Miami, Fla

Zip

33125

Country

USA

3. Mailing Office Address

5050 Granada Blvd

Suite, Apt. #, etc.

City & State

Coral Cables, Fla

Zip

33146

Country

REINSTATEMENT 95-10

**4. Date Incorporated or Qualified
To Do Business in Florida** 12-01-1993

5. FEI Number

65-0463700

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

William H. Cauley

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

888 NW 27 Ave

Suite, Apt. #, Etc.

#201

City

Miami

State
FL

Zip Code
33125

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

William H Cauley
REGISTERED AGENT MUST SIGN

Date

MAY 8, 2000

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/P	William H Cauley	5050 Granada Blvd	Coral Cable, Fla 33146
D	Maria T Cauley	5050 Granada Blvd	Coral Cables, Fla 33146

KE

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:

William H Cauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 8, 2000 (305) 667 4803
Date Daytime Phone #

CR2E081 (9/99)