PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 NOV 10 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 98-04

DOCUMENT # P94000058505

1. Corporation Name
Cadoro Properties, Inc.

12841 SW 66 Terrace Drive
Same

2. Principal Office Address		3. Mailing Office Address	
12841 SW 66 Terrace Drive		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl		City & State	
Zip: 33183	Country: US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 08-09-94

5. FEI Number 65-0518601 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

Th

7. Name and Address of Current Registered Agent

Name: Della Pappas
Street Address (P.O. Box Number is Not Acceptable): 12841 SW 66 Terr. Drive
Suite, Apt. #, Etc.:
City: Miami — State: FL — Zip Code: 33183

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: [signature] REGISTERED AGENT MUST SIGN — Date 7/18/04

CR2E081 (01/04)

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	Della Pappas	12841 SW 66 Terr. Drive	Miami, Fl. 33183

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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: [signature] — 7-12-04 — 305 386-3818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #