

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000011266

1. Corporation Name

CAD/CAM IMPLEMENTATIONS, INC.

Principal Place of Business

2307 N. OCEAN BLVD.
FORT LAUDERDALE FL 33305

Mailing Address

2307 N. OCEAN BLVD.
FORT LAUDERDALE FL 33305

FILED

99 FEB 24 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99
2/24/99

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

2. New Principal Office Address, If Applicable

1641 NW 101 way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1641 NW 101 way

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip
33322

Country

USA

City & State

PLANTATION, FL

Zip
33322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1995

5. FEI Number

65-0558844

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. City / State / Zip
PVD	ADARME, HERMAN A	2307 N. OCEAN BLVD.	FORT LAUDERDALE FL 33305
T	ADARME, NOEL	2307 N. OCEAN BLVD.	FORT LAUDERDALE FL 33305
S	ADARME, TATIANA E	2307 N. OCEAN BLVD.	FORT LAUDERDALE FL 33305

8. Name and Address of Current Registered Agent

ADARME, NOEL
2307 N. OCEAN BLVD.
FORT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name
Herman A. Adarme
Street Address (P.O. Box Number is Not Acceptable)
1641 NW 101 way
Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code

33322

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

REGISTERED AGENT MUST SIGN

Date 15 FEB 99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

15 FEB 99

Date

954 382 9424

Daytime Phone

CR2ED40 (9/93)