

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011266

1. Corporation Name

CAD/CAM Implementations, INC

2. Principal Office Address

1641 NW 101 Way

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33322

Country

USA

3. Mailing Office Address

PO Box 452139

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33345

Country

USA

FILED

04 OCT 25 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

400042165584

10/25/04--01082--022 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

FEB, 1995

5. FEI Number

650558844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERMAN ADARME

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

1641 NW 101 Way

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

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

REGISTERED AGENT MUST SIGN

Date 20 OCT 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.	GERMAN ADARME	1641 NW 101 Way PLANTATION, FL 33322	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

20 OCT 04

Daytime Phone #

954 3829444