

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -3 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000027886

1. Corporation Name
C.A.D.E. OF BAL HARBOUR, CORP.

REINSTATEMENT 02

700009309027
12/03/02--01013--028 **1350.00

700009309027
12/03/02--01013--029 **8.75

2. Principal Office Address
10101 Collins Avenue

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
15-A

Suite, Apt. #, etc.

City & State
Bal Harbour, FL

City & State

Zip
33154

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
4/5/95

5. FEI Number
650741374

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
LOUIS A. SUPRASKI

Street Address (P.O. Box Number is Not Acceptable)
2450 NE Miami Gardens Drive, Second Floor

Suite, Apt. #, Etc.

City
North Miami Beach

State
FL

Zip Code
33180

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 **11/27/02**

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
PD	ESTER H. CAMPOS	10101 Collins Avenue, Ste.15-A Bal Harbour, FL	Bal Harbour, FL 33154
VP/ST	LUIS S. D'ESPOSITO	10101 Collins Avenue, Ste.15-A Bal Harbour, FL	Bal Harbour, FL 33154

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTER H. CAMPOS

11/27/02

Date Daytime Phone #

(305) 864-1698