

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000027886

1. Corporation Name

C.A.D.E. OF BAL HARBOUR, CORP.

Principal Place of Business

Mailing Address

10101 COLLINS AVENUE
SUITE 15-A
BAL HARBOUR FL 33154

10101 COLLINS AVENUE
SUITE 15-A
BAL HARBOUR FL 33154

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1995

5. FEI Number

65-0741374

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAMPOS, ESTER H	10101 COLLINS AVENUE, SUITE 15-A	BAL HARBOUR FL 33154
VSTD	D'ESPOSITO, LUIS S	10101 COLLINS AVENUE, SUITE 15-A	BAL HARBOUR FL 33154

800024982048
11/24/03--01093--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DRIVE, 2ND FLOOR
NORTH MIAMI BEACH FL 33180

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-20-03

11. 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

11-20-03

Date

Daytime Phone #

CR2E040 (7/03)

TEL. (305) 692-8886 • FAX (305) 692-8550



November 20, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

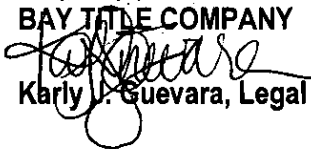
**RE: C.A.D.E. of Bal Harbour, Corp.
Reinstatement**

Dear Sir or Madam:

Enclosed please find an Application for Reinstatement for the above referenced corporation. I have also enclosed our escrow account check #1303 in the amount of \$150.00 for the reinstatement fee.

Per my conversation with a customer representative at the Division of Corporations on today's date, the \$600.00 fee will be waived since the 2003 report was returned in the mail to your offices.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,
BAY TITLE COMPANY

Karly J. Guevara, Legal Assistant

KJG/
Enclosure(s)