

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000005091

1. Corporation Name

C.A.D. FINANCIAL, INC.

Principal Place of Business

Mailing Address

636 HAMLET
PORT ORANGE FL 32127
US

P.O. BOX 713
NEW SMYRNA BEACH FL 32170
US

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

01/17/1996

5. FEI Number

59-3352300

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	CURRAN, WILLIAM G	636 HAMLET DR	DAYTONA BEACH FL 32127
VD	SCHAFER, KAREN L	198 W SANDALWOOD CT 1258 HARMS WAY	HOLLY HILL FL 32119 PORT ORANGE FL 32129
SD	GOODWIN, MELANIE	198 W SANDALWOOD CT.	DAYTONA BEACH FL 32119
SD	CURRAN, PAMELA D	636 HAMLET DRIVE	PORT ORANGE FL 32127
SD	CURRAN, PAMELA D	636 HAMLET DR.	PORT ORANGE FL 32127

REINSTATEMENT 07

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name PAMELA D. CURRAN
Street Address (P.O. Box Number is Not Acceptable)
636 HAMLET DR.
Suite, Apt. #, Etc.

City

PORT ORANGE

State
FL

Zip Code

32127

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

Pamela D. Curran

REGISTERED AGENT MUST SIGN

Date 10/17/01

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:

William Curran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM CURRAN

Date

10/17-01

Daytime Phone #

386-760-6600

CR2E040 (8/01)