

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAR 18 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000000589**

1. Corporation Name

CASCADES DEVELOPMENT, INC.

2. Principal Office Address

2601 S. Bayshore Drive

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 1225

Suite, Apt. #, etc.

SAME

City & State

Coconut Grove, FL

City & State

SAME

Zip

33133-5412

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1997

5. FEI Number

65-0718712

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

Jeff Flick

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

2601 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 1225

City

Coconut Grove

State
FL

Zip Code

33133-5412

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 **03/26/2002**

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	Jeff Flick	2601 S. Bayshore Dr.	Coconut Grove, FL 33133
EVPD	Sandy Flick	2601 S. Bayshore Dr.	Coconut Grove, FL 33133

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:

Jeff Flick

03/26/2002

305-859-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2001-2002 UBR

CR2E081 (9/01)

CASCADES DEVELOPMENT, INC.

2 of 2

March 26, 2002

Overnight Delivery
AIRBORNE EXPRESS
Airbill #5285550093

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attention: Kathy Ashton

Dear Ms. Ashton:

Per our telephone conversation this afternoon, we have enclosed a completed Corporation Reinstatement Form CR2E081 along with our check #6101 drawn on PointeBank and made payable to the Florida Department of State in the amount of \$308.75. This check covers the reinstatement fee and a Certificate of Status to be mailed to our corporate address.

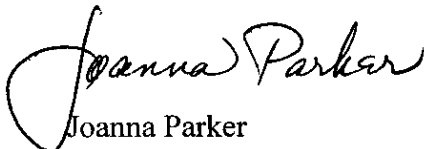
The Informational Status Form which was downloaded from your web site today lists our principal address and mailing address as 12300 S.W. 132nd Court, Miami, FL 33186. As we discussed with you, we have not occupied that address for some three years now and have not been able to have mail forwarded to us from there for over two years. Unfortunately, because we were not receiving notifications and forms from your department, we failed to file the necessary forms on a timely basis. We apologize for this oversight.

At this time, we desire to reinstate the corporation, but in line with our conversation with you, we respectfully request that you waive the \$900.00 penalty fee in favor of the \$308.75 reinstatement fee enclosed.

We trust the attached documentation is in order and we thank you for your assistance in this matter.

Yours very truly,

CASCADES DEVELOPMENT, INC.


Joanna Parker

Enc.