

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 99 NOV -3 PM 2:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000064687**
 1 Corporation Name
C.A.D.C., Corp.

Principal Place of Business Mailing Address
3905 SW 137 Ave. C1,2,3
Miami, Fl. 33175

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

REINSTATEMENT *pp*

2 New Principal Office Address, If Applicable
3905 SW 137 Ave
 Suite, Apt. #, etc. **C1,2,3**
 City & State **Miami, FL**
 Zip **33175** Country **USA**

3 New Mailing Office Address, If Applicable
Same as 2
 Suite, Apt. #, etc.
 City & State
 Zip Country

4 Date Incorporated or Qualified To Do Business in Florida **7-24-97**

5 FEI Number **65-0772209**
 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pd.	Luis A. Ibanez	10221 SW 7th Terr.	Miami, Fl. 33174

8. Name and Address of Current Registered Agent
Perez, Behar i Assoc. PA
14370 NE 10th Ave.
N. Miami, Fl. 33161

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *Ramon* REGISTERED AGENT MUST SIGN Date **10-26-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12 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)(l), 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: *Luis A. Ibanez* **Luis A. Ibanez** 10-26-99 305-944-4738
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Pres.

CR2E081 (12/98)