

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P970000 80216*

1. Corporation Name

CACHO, Inc.

Principal Place of Business

2626 N. Lakeview Apt. 1808  
Chicago, IL 60614

Mailing Address

2626 N. Lakeview Apt. 1808  
Chicago, IL 60614

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

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0782453

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir Pres	Jerome F. Kahill Jr.	203 N. LaSalle 25th Floor	Chicago, IL 60601
Dir V.P.	William R. Magnuson	17336 Oketo Street	Tinley, IL 60477
Dir. S/T.	Charles W. Bergstrom	2626 N. Lakeview Apt. 1808	Chicago, IL 60614

**REINSTATEMENT**

*98* *12/3/98*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas F. Rizzo  
2340 Periwinkle Way, J-2  
Sanibel Island, FL 33957

Name  
Capital Connection, Inc.

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

417 E. Virginia Street

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32302

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

*Chris M. Rizzo*

REGISTERED AGENT MUST SIGN

Date

*12/2/98*

11. This corporation owes or has paid 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)(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:

*Charles W. Bergstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles W. Bergstrom

Date

Daytime Phone #

*773*  
*12-1-98* *665-0549*

CRRE040 (1/98)