

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000006405**

1. Corporation Name

CAVCO Building and Remodeling INC

2. Principal Office Address

3114 SW 20th Terr

Suite, Apt. #, etc.

3. Mailing Office Address

3114 SW 20th Terr.

Suite, Apt. #, etc.

City & State

DelRay Beach, FL

Zip

33445

Country

USA

City & State

DelRay Beach, FL

Zip

33445

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-20-98

5. FEI Number

650810266

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

Paul CAVALIERE

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

3114 SW 20th Terr

Suite, Apt. #, Etc.

City

DelRay Beach

State

FL

Zip Code

33445

800078483388

08/06/06--01062--011 **150.00

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

Paul M Cavaliere

Date **7-28-06**

REGISTERED AGENT MUST SIGN

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
Pres.	Paul CAVALIERE	3114 SW 20 th Terr	DelRay Beach FL 33445
Pres.	Paul CAVALIERE	3114 SW 20 th Terr	DelRay Beach FL 33445
Pres.	Paul CAVALIERE	3114 SW 20 th Terr	DelRay Beach FL 33445
	\$78/1		

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 contained in Chapter 119, 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:

Paul M Cavaliere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M Cavaliere

Date

7-28-06 1-860-761-4481

Daytime Phone #