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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000038455

1. Corporation Name

CAVALARIS PROPERTIES, INC

Principal Place of Business

2708 ALT 19 N
STE 601
PALM HARBOR, FL 34683

Mailing Address

PO BOX 612
PALM HARBOR
FL 34682

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST 03, 1998

5. FEI Number: 59-3510193 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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
PRESIDENT	MICHAEL CAVALARIS	107 PHILLIPS WAY	PALM HARBOR, FL 34683

500008302-1665--3
-10/25/99--01139--015
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

Michael Cavalaris
107 Phillips Way
Palm Harbor, FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: M.C. — REGISTERED AGENT MUST SIGN — Date: 10/18/99

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)(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: M.C. Cavalaris — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/12/99 — KE — Daytime Phone #

CAVALARIS SALES, INC.

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October 12, 1999

Secretary of State

Corporate Fees : 59-3510193
Corporate Fees : 59-3525877

Dear Madam:

Please accept two checks (6012 & 10765) in the amount of $ 150.00 for our corporate filing fees.

Unfortunately, when we spoke to your Department of Dissolution of Corporate Status, they informed us that these statements were mailed to Mr. Cavalaris's personal address.

We are requesting that the penalty of $750.00 be waived for these corporations.

If you have any further questions, please feel free to contact our office at the address below.

Thank you for your cooperation.

Sincerely,

Michael Cavalaris
MC:nmc

Enclosures

Email: nchristu@cpsalesmark.com

2708 Alt. 19 N. ◆ Suite 601 ◆ Key West Center ◆ Palm Harbor, FL 34683
P.O. Box 612 ◆ Palm Harbor, FL 34682
(727) 789-0600 ◆ Fax (727) 787-7331