

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 AUG 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000041283

1. Corporation Name

Caddo Management Corp.

2. Principal Office Address

1301 N. Congress Avenue

Suite, Apt. #, etc.

Suite 350

City & State

Boynton Beach, FL

Zip

33426

Country

Palm Beach

3. Mailing Office Address

1301 N. Congress Avenue

Suite, Apt. #, etc.

Suite 350

City & State

Boynton Beach, FL

Zip

33426

Country

Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 5/7/1998

5. FEI Number
65-0845236

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

Arthur R. Rosenberg

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

4875 North Federal Highway, 7th floor

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

Arthur R. Rosenberg

REGISTERED AGENT MUST SIGN

Date 8/27/02

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
PVST	Neal Chambers	1301 No. Congress Avenue, #350	Boynton Beach, FL 33426
D	Neal Chambers	1301 No. Congress Ave., #350	Boynton Beach, FL 33426

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:

Neal Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-27-2002

Date

561-752-2951

Daytime Phone #

CR2E081 (9/01)

js 8/28/02