

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 APR 10 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

DOCUMENT # P98000054654

1. Corporation Name

CAVE Excursions Inc

2. Principal Office Address - No P.O. Box #

20338 180th TRACE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LIVE OAK FL

City & State

Zip

32060

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-8-1998

5. FEI Number

593516933

☐ 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

William D Rennaker

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

20338 180th TRACE

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32060

700228300727  
04/10/12--01022--023 \*\*1050.00

700228300727  
04/10/12--01022--022 \*\*8.75

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

William D Rennaker

Date

4-5-2012

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
<u>P</u> <u>owner</u>	<u>William D Rennaker</u>	<u>20338 180th TRACE</u>	<u>LIVE OAK, FL 32060</u>

10. E-mail Address: Linda @ CAVE EXCURSIONS - COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William D Rennaker William D Rennaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #