

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 OCT 30 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000016528

1. Corporation Name

Cav-Air, Inc.

2. Principal Office Address

5540 N.W. 21st Terrace

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

U.S.A

3. Mailing Office Address

5540 N.W. 21st Terrace

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

U.S.A

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 18, 1999

5. FEI Number

65-0902125

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

Brent D. Klein

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

801 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1901

City

Miami

State

FL

Zip Code

33131

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

Date **10/25/00**

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
P/D	Carmel Shashua	5540 N.W. 21st Terrace	Fort Lauderdale, FL 33309
VP	Gregory Hartenhoff	5540 N.W. 21st Terrace	Fort Lauderdale, FL 33309

KE

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: Carmel Shashua, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00 954-491-4454

Daytime Phone #