

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUN -6 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000036182

1. Corporation Name

CAIRNS INC
160 NW 70th ST (202)
BOCA RATON, FL 33487

REINSTATEMENT 22-03

600016675386
01/22/03--01064--035 **\$300.00

2. Principal Office Address

160 NW 70th ST (202)
BOCA RATON, FL 33487

Suite, Apt. #, etc.

202

3. Mailing Office Address

160 NW 70th ST (202)
BOCA RATON, FL 33487

Suite, Apt. #, etc.

202

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL 33487

Zip

Country

33487 USA

Zip

Country

33487 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

JAMES T. KANE

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

160 NW 70th ST (202)

Suite, Apt. #, Etc.

202

City

BOCA RATON

State

FL

Zip Code

33487

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

JAMES T. KANE

REGISTERED AGENT MUST SIGN

Date

4/15/03

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	JAMES T KANE	160 NW 70 ST (202)	BOCA RATON, FL 33487

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:

JAMES T. KANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

561-893-0904

Daytime Phone #

CR2E081 (9/01)