

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION

2000-2001

UBB

DOCUMENT # P99000067368

1. Corporation Name

CADY + CADY ASSOCIATES INC.

2. Principal Office Address

101 NORTH SEVENTH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

101 NORTH SEVENTH STREET

Suite, Apt. #, etc.

City & State

LAKE CITY, FLORIDA

City & State

LAKE CITY, FLORIDA

Zip

32055

Country

USA

Zip

32055

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

JULY 23 1999

5. FEI Number

59-3590455

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

MICHAEL L. CADY

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

101 NORTH SEVENTH STREET

Suite, Apt. #, Etc.

300004064003

-04/24/01--01073--011

***300.00 ***300.00

City

LAKE CITY

State

FL

Zip Code

32055

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

Michael Cady

REGISTERED AGENT MUST SIGN

Date 03-30-01

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
CEO	MICHAEL CADY	101 NORTH SEVENTH STREET	LAKE CITY, FL 32055
CFO	JOSHUA CADY	101 NORTH SEVENTH STREET	LAKE CITY, FL 32055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joshua Cady

Date

03-30-01 7588342

Daytime Phone #

CR2E081 (9/00)



101 North Seventh St. Lake City, FL 32055
800.547.6237 ~ www.cady-cady.com

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Florida Department of State
Attn: Secretary of State
FIN 59-3590455

Dear Sirs: I want to apologize for not filing our yearly annual report. My father and I started our corporation in 1999 and were located at 3609 old Columbia city road. We moved in December of 1999 to our new address and since we were a new corporation we never realized we needed to file an annual report. I am enclosing the \$300.00 for 2 years of annual fees. I am humbly requesting a waiver of the \$600.00 reinstatement fee. We are a small business and want to comply with all laws and regulations and will in the future file on-time reports.

Please call me at 904-758-8342 if you have any questions.

Best Regards
Josh Cady

Cady & Cady Associates
CFO