


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT # S18647**


1. Corporation Name  
**CAVANAUGH VESEY PROPERTIES, INCORPORATED**

Principal Office of Business 244 DOLPHIN POINT CLEARWATER FL 33767 US	Mailing Address 244 DOLPHIN POINT CLEARWATER FL 33767 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**FILED**  
 01 OCT 30 PM 1:57  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



2001 *[Signature]*

4. Date Incorporated or Qualified To Do Business in Florida  
 12/11/1990

5. FEI Number  
 59-3041861

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CAVANAUCH, JAMES D	244 DOLPHIN POINT	CLEARWATER FL 33767
STD	CAVANAUGH, DOLORES M	244 DOLPHIN POINT	CLEARWATER FL 33767
D	CAVANAUGH, DENISA A	244 DOLPHIN POINT	CLEARWATER FL 33767

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 -11/20/01--01006--031  
 \*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent CAVANAUGH, JAMES D 244 DOLPHIN POINT CLEARWATER FL 33767	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *James D Cavanaugh* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 10/24/01

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., 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 D Cavanaugh* **SIGNATURE REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/24/01 Daytime Phone #

CR2E040 (8/01)