

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89186

1. Corporation Name **C P A INDUSTRIES CORP**

2. Principal Office Address - No P.O. Box #
8040 N.W. 66 ST

3. Mailing Office Address
8040 N.W. 66ST

Suite, Apt. #, etc.

1103

Suite, Apt. #, etc.

1103

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

U S A

Zip

33166

Country

U S A

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1991

5. FEI Number

65 0296144

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

PAULO JOSE CASSEB

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

9806 HAMMOCKS BLVD

Suite, Apt. #, Etc.

201

City

MIAMI

State

FL

Zip Code

33196

900250569969

08/08/13--01007--026 **3300.00

900250569969

08/14/13--01003--007 **150.00

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

REGISTERED AGENT MUST SIGN

Date

8/1/13

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
D	PAULO JOSE CASSEB	9806 HAMMOCKS BLVD #201	MIAMI, FL 33196
D	PAULO CASSEB	9806 HAMMOCKS BLVD #102	MIAMI, FL 33196

REINSTATEMENT

95-13

AUG 14 2013

T. SCOTT

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/13

Daytime Phone #