PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 22 PM 4:43

DOCUMENT # F97000004739

1. Corporation Name

Cadaweu International Inc

98-00

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
2880 Holcomb Bridge Rd 10	2880 Holcomb Bridge Rd 5
Suite, Apt. #, etc.: Suite BG	Suite, Apt. #, etc.: Suite BG
City & State: Alpharetta GA	City & State: Alpharetta GA
Zip: 30022-5492 Country:	Zip: 30022-5492 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 58-2066260 ☐ 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: William J Johnson JR

Street Address (P.O. Box Number is Not Acceptable): 633 S. Andrews Ave.

000003299350--3
-06/21/00--01082--013
***1050.00 ***1050.00

Suite, Apt. #, Etc.: Suite 200

City: Ft. Lauderdale State: FL Zip Code: 33301

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: 4/25/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
DV	Brian C Fleming	3800 Galt Ocean Dr Apt 1004	Ft Lauderdale/FL/33308
CP	Greg Hall	850 Club Chase Lane	Roswell/GA/30076
DS	John J Fleming III	155 Willowbrook Dr	Roswell/GA/30076
			AD

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: _____ 4/21/00 770.645-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #