

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT



Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000015

1. Corporation Name

BABY GUARD BY CADIEUX INDUSTRIES, INC.

Principal Place of Business

6787 KETONA RD.
NORTH PORT FL 34287

Mailing Address

6787 KETONA RD.
NORTH PORT FL 34287



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5069 Trott Circle

Suite, Apt. #, etc.

5

3. New Mailing Office Address, If Applicable

5069 Trott Circle

Suite, Apt. #, etc.

5

4. Date Incorporated or Qualified To Do Business in Florida

01/01/2001

03-14-02 20005 011 2150.00

City & State

North Port, Florida

City & State

North Port
FLORIDA

5. FEI Number

651061775

Applied For

Not Applicable

Zip Country

34287-3414 USA

Zip Country

34287-3414 USA

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
P	Scott Cadieux	6787 Ketona Rd	North Port FL 34287

8. Name and Address of Current Registered Agent

CADIEUX, SCOTT J
6787 KETONA RD.
NORTH PORT FL 34287

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/5/02

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:
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/5/02
Daytime Phone # _____

CR2ED40 (8/02)

BABYGUARD BY CADIEUX IND., INC.
5069 TROTT CIRCLE # 5
NORTH PORT FL 34287-3414
(941) 426-1864 Phone
(941) 426-7604 Fax

November 6, 2002

State of Florida
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

Please allow this letter to serve as notification that we did not receive a rejection letter or the second notice. We have completed all the information you were lacking in order to get this taken care of. Please accept this form and add our payment of \$150.00 and reinstate BabyGuard By Cadieux.

Should you need to contact me please call me.

Sincerely,


Scott Cadieux
President