

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000000015

1. Corporation Name

BABY GUARD BY CADIEUX INDUSTRIES, INC.

REINSTATEMENT 03



200024504822  
11/07/03--01027--004 \*\*\$150.00

Principal Place of Business

Mailing Address

5069 TROTT CIRCLE  
5  
NORTH PORT FL 34287-3414

5069 TROTT CIRCLE  
5  
NORTH PORT FL 34287-3414

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

4. Date Incorporated or Qualified To Do Business in Florida

01/01/2001

6787 Ketona Rd  
Suite, Apt. #, etc.  
North Port, Florida  
City & State

P.O. Box 7198  
Suite, Apt. #, etc.  
North Port, FL  
City & State

5. FEI Number

65-1061775

Applied For

Not Applicable

34287

34287

Zip 34287

Country US

Zip 34287

Country US

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	CADIEUX, SCOTT	6787 KETONA RD	NORTH PORT FL 34287
M	Phil Mangenelli	2354 Bruback Rd	Northport, FL 34287

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/2/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

11/2/03

CR2E040 (7/03)

**BABY GUARD BY  
CADIEUX INDUSTRIES, INC.**

**P.O. Box 7198  
North Port, Florida 34287  
888-593-7233**

To Whom It May Concern:

We have received your certificate of administrative dissolution or revocation. We did not receive any previous notices to file our annual report/ business uniform report to make it possible to file in a timely manner as required by the state of Florida. We apologize for the delay in responding to your letter; our corporate manager was away on personal leave for three weeks. We know now when it is necessary to file and in the future should not have any difficulties in doing so. Enclosed with this letter is the reinstatement application and \$150.00 filing fee.

Sincerely,

Scott Cadieux  
President

