

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F65477

1. Corporation Name
Cedar Enterprises, Inc.

99 MAY 24 PM 1:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
312 S. Old Dixie Hwy. Same
Jupiter, FL 33458
Suite 207

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable **312 S. Old Dixie Hwy.**
 3. New Mailing Office Address, If Applicable **312 S. Old Dixie Hwy.**

4. Date Incorporated or Qualified To Do Business in Florida **2-2-82**

Suite, Apt. #, etc. **207** Suite, Apt. #, etc. **207**

5. FEI Number **59-2266470** Applied For Not Applicable

City & State **Jupiter, FL** City & State **Jupiter, FL**

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

Zip **33458** Country **Palm Beach** Zip **33458** Country **Palm Beach**

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 (Do NOT Use Post Office Box Numbers)	4 City/State Zip
P	Jose Ramirez	312 S. Old Dixie Hwy #207	JUPITER, FL 33458
S	Jose Ramirez	312 S Old Dixie Hwy #207	Jupiter, FL 33458

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 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent
Zamft Von, Spike
17120 Jupiter Farms Rd.
Jupiter, Fl 33478

9. Name and Address of New Registered Agent:
 Name **Jose Ramirez**
 Street Address (P.O. Box Number is Not Acceptable) **312 S. Old dixie Hwy.**
 Suite, Apt. #, Etc **207**
 City **JUPITER** State **FL** Zip Code **33458**

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 *Jose Ramirez* REGISTERED AGENT MUST SIGN Date **5-19-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Jose Ramirez* 5-19-99 (561) 745-5681
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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