## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000001848

Entity Name: CMB VISIONS UNLIMITED, INC.

FILED Oct 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10395 S.W 186TH STREET MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 10395 SW 186TH STREET MIAMI, FL 33157 FEI Number: 65-1090966 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURGESS, CHANDRA M BURGESS, CHANDRA M 11930 S.W. 187TH TERRACE 10395 SW 186TH STREET MIAMI, FL 33177 MIAMI, FL 33157 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: CHANDRA BURGESS 10/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CED () Change () Addition () Delete BURGESS, CHANDRA M Name: Name: 10854 SW 141ST LANE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUDSON, BEN Name: Address: 10595 SW 186TH STREET Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition LAYNE, EDDIE M Name: Name: 314 E. GADSEN ST Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PETERSON, GUENDALINE Name: 202 FAIRFAX DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MOODY, CHRISTOPHER Name: Name: 10395 S.W. 186TH STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MOORE, BRIDGET WRIGHT GFORGE Name: Name: Address: 10395 S.W. 186TH STREET Address: 10395 S.W. 186TH STREET MIAMI, FL 33157 MIAMI, FL 33157 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDRA MCCLAIN BURGESS CED 10/09/2006