

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
04 JUN -3 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050494

1. Corporation Name

CFB Enterprises, Inc.

2. Principal Office Address

1505 Shadwell Circle

Suite, Apt. 4, etc.

City & State

Heathrow, FL

Zip

32746

Country

USA

3. Mailing Office Address

1505 Shadwell Circle

Suite, Apt. 4, etc.

City & State

Heathrow, FL

Zip

32746

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5/7/02

5. FBI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Agents and Corporations, Inc.

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

Suite E, 773 4th Avenue North

Suite, Apt. 4, Etc.

City

Naples

State

FL

Zip Code

34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent

David Williams

Date

6/3/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Christopher Swartz	1505 Shadwell Circle	Heathrow, FL 32746

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 taxes 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)(b), P.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:

Christopher Swartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6.3.09

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

CORPORATION REINSTATEMENT

CFB ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
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