

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000118659

Entity Name: CDO ENTERPRISES, INC.

FILED  
Oct 04, 2006  
Secretary of State

**Current Principal Place of Business:**

201 PARK PLACE  
SUITE 314  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

201 PARK PLACE  
SUITE 314  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3574959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

455 DOUGLAS AVENUE  
SUITE 2155-23  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

455 DOUGLAS AVENUE  
SUITE 2155-23  
ALTAMONTE SPRINGS, FL 32714

**Name and Address of Current Registered Agent:**

OLIVER, CHARLES D  
201 PARK PLACE  
SUITE 314  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

OLIVER, CHARLES D  
455 DOUGLAS AVENUE  
SUITE 2155-23  
ALTAMONTE SPRINGS, FL 32714 US

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: CHARLES D. OLIVER

10/04/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLIVER, CHARLES  
Address: 201 PARK PLACE, SUITE 314  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: OLIVER, CHARLES  
Address: 455 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D. OLIVER

PRES

10/04/2006

Electronic Signature of Signing Officer or Director

Date