## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000131663

FILED Oct 07, 2005 Secretary of State

Entity Name: NOVEDADES CJB, INC. **Current Principal Place of Business: New Principal Place of Business:** 120 S FREMONT AVE TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 120 S FREMONT AVE TAMPA, FL 33606 FEI Number: 59-3644408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALPERN, DAVID MD 91 MARTINIQUE AVE TAMPA, FL 33606 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: DAVID HALPERN 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HALPERN, DAVID E Name: Name: 91 MARTINIQUE AVE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete HALPERN, SYLVIA Name: Name: 91 MARTINIQUE AVE Address: Address: TAMPA, FL 33606 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 Section 119.07(3)(i), Florida Statutés. 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.

Ρ SIGNATURE: DAVID HALPERN 10/07/2005