

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jun 09, 2008  
Secretary of State**

DOCUMENT# P05000090825

Entity Name: CFSS, INC.

**Current Principal Place of Business:**

8310 SNOWFIRE DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

8310 SNOWFIRE DR.  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 20-3055777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COICOU, PAUL  
8310 SNOWFIRE DR.  
ORLANDO, FL 32818      US

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

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: PAUL COICOU

\_\_\_\_\_  
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: P      ( ) Delete  
Name: STUPPARD, ALPHONSE  
Address: 8310 SNOWFIRE DR.  
City-St-Zip: ORLANDO, FL 32818

Title: V      ( ) Delete  
Name: COICOU, PAUL  
Address: 8310 SNOWFIRE DR.  
City-St-Zip: ORLANDO, FL 32818

Title: T      ( ) Delete  
Name: FAVRE, JEAN-MARIE  
Address: 8310 SNOWFIRE DR.  
City-St-Zip: ORLANDO, FL 32818

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL COICOU

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

06/09/2008

\_\_\_\_\_  
Date