


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000039513

1. Entity Name
CDO TECHNOLOGICAL PARTNER, INC.



FILED
04 NOV 16 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13255 SW 57TH TERR BLDG 14 UNIT 1 MIAMI, FL 33183	Mailing Address 13255 SW 57TH TERR BLDG 14 UNIT 1 MIAMI, FL 33183
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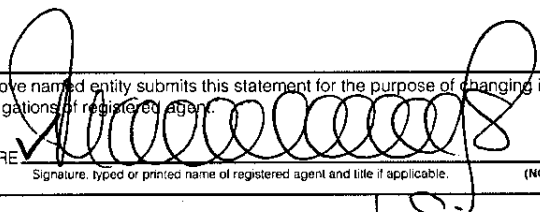
2. Principal Place of Business	3. Mailing Address 300 Sevilla Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State Coral Gables, FL
Zip	Country
33134	U.S.A

10282004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3575196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<p>6. Name and Address of Current Registered Agent</p> <p>MUNOZ, MARIA ELENA 5512 NW 72 AVE MIAMI, FL 33166</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City FL Zip Code</p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

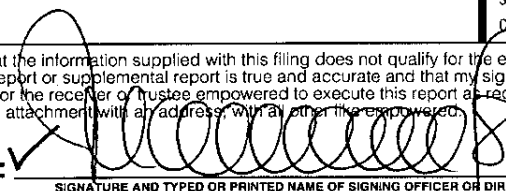
SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</p>	<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD MUNOZ, GUSTAVO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5512 NW 72 AVENUE		NAME		
STREET ADDRESS	MIAMI, FL 33166		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD MUNOZ, MARIA E	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5512 NW 72 AVENUE		NAME		
STREET ADDRESS	MIAMI, FL 33166		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD MUNOZ, JOSE LUIS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5512 NW 72 AVENUE		NAME		
STREET ADDRESS	MIAMI, FL 33166		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD MUNOZ, EDWIN A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5512 NW 72 AVENUE		NAME		
STREET ADDRESS	MIAMI, FL 33166		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR