


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 504099 1. Entity Name CFC ENTERPRISES, INC.						FILED 08 NOV -3 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1325 N FEDERAL HIGHWAY DELRAY BCH, FL 33483			Mailing Address 1325 N FEDERAL HIGHWAY DELRAY BCH, FL 33483			  REINSTATEMENT 2008			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number 59-1674240	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LINCOLN, LINDA 3706 SHERWOOD BLVD DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) City				Name		Street Address (P.O. Box Number is Not Acceptable)			
				City		State FL		Zip Code	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINCOLN, LYNDA 3706 SHERWOOD BLVD DELRAY BEACH, FL 33445			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		300137564473 11/03/08--01033--009 <input type="checkbox"/> Change <input type="checkbox"/> Addition ***150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lynda Lincoln</u>				LYNDA LINCOLN		10/28/08		561-272-5848	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			