

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 AUG 13 PM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **584772**

1. Corporation Name

C.S.O. INTERNATIONAL, INC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

5 BENTWOOD ROAD

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FLA.

Zip

Country

33418

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/78

5. FEI Number

592-19722665

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL S. WALKER

Street Address (P.O. Box Number is Not Acceptable)

5 BENTWOOD ROAD

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Paul S. Walker

REGISTERED AGENT MUST SIGN

Date

8-6-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	PAUL S. WALKER	5 BENTWOOD ROAD	PALM BEACH GARDENS FLORIDA 33418
V/D	MARY R. WALKER	5 BENTWOOD ROAD	PALM BEACH GARDENS FLORIDA 33418

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul S. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-6-01

Daytime Phone #

561-625-9854

CR2E081 (9/00)

Charter Number Only

810 01

Richard Aschenbrenner

Requestor's Name

10739 SW 104 Street

Address

Miami FL 33176

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

C.S.O. International, Inc.

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DIVISION OF CORPORATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |



Empire Toll-Free: 1-800-432-3028

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	