

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 13 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000001762

**1. Corporation Name**

CB Network, Inc.

**2. Principal Office Address**

1 North Clematis St.

Suite, Apt. #, etc.

Suite 510

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**3. Mailing Office Address**

1 North Clematis St.

Suite, Apt. #, etc.

Suite 510

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**REINSTATEMENT**

02-04  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Jan 22 1997

**5. FEI Number**

69-0732299

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

Mr. René Eichenberger

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

1 North Clematis Street

Suite, Apt. #, Etc.

Suite 510

City

West Palm Beach

State

FL

Zip Code

33401

**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

*A. A. M.*

REGISTERED AGENT MUST SIGN

Date 10/4/2004

**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
PS	Mr. René Eichenberger	1 North Clematis St. Suite 510	WPB, FL 33401

500841849385  
10/13/04--01028--014 \*\*1050.00

**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:

*A. A. M.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/2004

Date

Daytime Phone #