

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 21 PM 2:29

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C 29989

1. Corporation Name

CDSMO COMMUNICATIONS CORPORATION

2. Principal Office Address

2355 Hidden Lake Dr

3. Mailing Office Address

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34112

Country

USA

Zip

Country

REINSTATEMENT 01-06
CR2E051 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

592268025

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

Peter Horak

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

2355 Hidden Lake Dr

Suite, Apt. #, Etc.

#7

City

Naples

State

FL

Zip Code

34112

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
M	Peter Horak	#7 2355 Hidden Lake Dr	Naples FL 34112
V.P.	Jeff Horak	✓ ✓ ✓	✓ ✓ ✓
M	E.-J. Colin	✓ ✓ ✓	✓ ✓ ✓
M	T. Chu-A-Kong	✓ ✓ ✓	✓ ✓ ✓

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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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2/06
Date

905-209-0488
446-
Daytime Phone #

2/6/06