

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J41503

1. Corporation Name

CFO INTERNATIONAL, INCORPORATED

Principal Place of Business

507 COUNTRY RD 41  
PO BOX 408  
VELARDE NM 87582  
US

Mailing Address

PO BOX 408  
VELARDE NM 87582  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5643 MONTE ROSSO RD.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7770 E. VIA DEL FUTURO  
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SCOTTSDALE, AZ

Zip

34243

Country

US

Zip

85258

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1986

5. FEI Number

59-2735883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PTD</del>	<del>TAYLOR, WAYNE L</del>	<del>PO BOX 408</del>	<del>VELARDE NM 87582</del>
<del>SD</del>	<del>TAYLOR, MICHELLE L</del>	<del>PO BOX 408</del>	<del>VELARDE NM 87582</del>
PTD	WAYNE TAYLOR	7710 E. VIA DEL FUTURO	SCOTTSDALE, AZ 85258
SD	MICHELLE TAYLOR	7770 E. VIA DEL FUTURO	SCOTTSDALE, AZ 85258

8. Name and Address of Current Registered Agent

PIRO, JAMES J.  
7727 HOLIDAY DR  
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name DONALD M. NODHOLM  
Street Address (P.O. Box Number is Not Acceptable)  
5643 MONTE ROSSO ROAD  
Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code 34243

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Donald M. Nodholm*  
REGISTERED AGENT MUST SIGN

Date 12-19-03

11. 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:

*Wayne L Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-03

Date

206-579-0090

Daytime Phone #

CR2E040 (8/02)