

CORPORATION
REINSTATEMENT

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

FILED

02 MAY -6 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

C. P. PARTNERS CORPORATION

1140642

2. Principal Office Address

3811 NW 92ND AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLA

City & State

11

Zip

33024

Country

USA

Zip

11

Country

11

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-1988

5. FEI Number

65-0079436

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

CHRISTOPHER C. PUENTES

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

3811 NW 92ND AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FL

Zip Code

33024

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

Date

REGISTERED AGENT MUST SIGN

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	CHRISTOPHER C. PUENTES	3811 NW 92ND AVE	HOLLYWOOD, FLA 33024
S			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.02.02

Date

Daytime Phone #

02-May-02

Department Of State
division of corporations
P.O. box 6327
Tallahassee, Florida 32314

To whom it may concern:

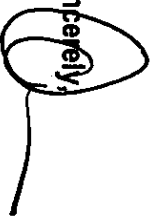
Attached please find na application for reinstatement for C P Partners Corporation. I have also attached a check for \$1, 515.00 for related fees.

I apologize for not having previous filings on a timely basis, I had changed address and was not receiving the filing forms.

I have listed my correct address on the attached application, please help me get current with this matter by accepting the reduced fees and reinstating my corporation.

I appreciate your assistance. If you have any questions or need any additional information, you can reach me at 305-373-8560 ext. # 227 (daytime) or 954-437-4238 (after hours) or cell 954-558-1739.

Sincerely,



C P partners Corporation
Christopher Puentes
President

Bank of America AdvantageSM

CHRISTOPHER C. PUENTES
MARIA V. GARCIA-PUENTES
954-437-4238

3811 N.W. 92ND AVE.
HOLLYWOOD, FL 33024

12-98

5346

63-27/631 FL
981

Date 5-02-02

Pay
to the order of

DEPARTMENT OF STATE \$1,515.00

ONE THOUSAND FIVE HUNDRED FIFTEEN & 00/100 DOLLARS

Bank of America.



ACH NT 063100277

C.D. Puentes Corp
Memo: Renew State Nat. Fee

Advantage

0063100277: 00343626447511 5346