

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 28 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85149

1. Corporation Name

CNF REALTY, INC.

2. Principal Office Address - No P.O. Box #

2310 Starkey Road

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33771

Country

USA

3. Mailing Office Address

2310 Starkey Road

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33771

Country

USA

700130292707
05/28/08--01001--028 **2700.00
REINSTATEMENT 05/28/08

4. Date Incorporated or Qualified To Do Business in Florida 6/13/1988

5. FEI Number 592895855 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

Ronald R. Petrini

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

2310 Starkey Road

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33771

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5.22.08

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/D	Nina M. Focardi	2310 Starkey Road	Largo, Florida 33771
VP/D	Ronald R. Petrini	2310 Starkey Road	Largo, Florida 33771
S/D	Claudia L. Sokolowski	2310 Starkey Road	Largo, Florida 33771

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.22.08

Date

727-584-8626

Daytime Phone #