

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUN 5 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO3000006685

1. Corporation Name

C.M.D.N.O. INC

REINSTATEMENT 0406

2. Principal Office Address

1361 NW 54 TER

Suite, Apt. #, etc.

HOUSE

City & State

LAUDER HILL FL

Zip

33313

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

ISAIE JEAN-LOUIS

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

1361 NW 54 TER

Suite, Apt. #, Etc.

HOUSE

City

LAUDER HILL

State

FL

Zip Code

33313

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

Isaie Jean-Louis  
REGISTERED AGENT MUST SIGN

Date

5-21-06

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
Pres.	REMY DUBREUS	820 SW 10 <sup>th</sup> Street	Apt 1 Pompano # 33060
SECRET	MONISE SINEUS	1280 NW 47 <sup>th</sup> St	Pompano FLA 33064
DIR	GERBSON JEANCHARLES	4550 NW 41 <sup>st</sup> place	Lauderdale L. FL 33319
FOUNDER TREASUR	ISAIE JEAN LOUIS	1361 NW 54 TER	LAUDERHILL FL 33313

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:

Isaie Jean-Louis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-06

Date

954 709 2852