

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000016832**

1. Corporation Name

CB NEXUS, CORP.

Principal Place of Business

18306 N.W. 68TH AVE
E
MIAMI FL 33015

Mailing Address

18306 N.W. 68TH AVE
E
MIAMI FL 33015

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

2. New Principal Office Address, If Applicable

200 SW 117th TERR. #101

Suite, Apt. #, etc.

PEMBROKE PINES - FL

City & State

Zip **33025**

Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

200 SW 117th TERR. #101

City & State

PEMBROKE PINES - FLORIDA

Zip **33025**

Country **USA**

REINSTATEMENT 03



900024215029
10/28/03--01069--029 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

- 02/16/2000

5. FEI Number

22-3727349

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
PTD	BLANCO, CLAUDIO	18306 N.W. 68TH AVE., E.	MIAMI FL 33015
VSD	CORUJO, ALEJANDRA I	18306 N.W. 68TH AVE., E.	MIAMI FL 33015

8. Name and Address of Current Registered Agent

BLANCO, CLAUDIO
18306 N.W. 68TH AVE
E
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name **CLAUDIO BLANCO**
Street Address (P.O. Box Number is Not Acceptable)
200 SW 117 TERRACE #101
Suite, Apt. #, Etc. **#101**
City **PEMBROKE PINES** State **FL** Zip Code **33025**

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

Blanco
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

Blanco
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03 954-4309835
Daytime Phone #

CR2E040 (7/03)

CBNEXUS CORP
200 SW 117th Terr #101
Pembroke Pines, FL 33025
FEI #22-3727349

Florida Department Of State
Attn:
Division of Corporations
Ref: Document P00000016832

I'm sending this letter because, I have not received any prior uniform business report.

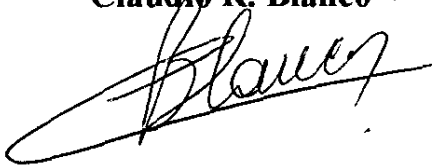
I made a change of address in 03/07/2002 as soon as got a new location.

I beg you if is possible to avoid the penalty for this reason.

I attached a check for \$158.75 for fee to file report and certificate of status.

If you believe what I need to pay the penalty, please let me know and I will send you another check for the penalty charge.

Sincerely
Claudio R. Blanco

A handwritten signature in black ink, appearing to read "Blanco", with a large, sweeping underline that extends to the left.