

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 20 03:48

SECRET  
TALLAHASSEE

STATE  
JACKSONVILLE

DOCUMENT # 8000000063076

1. Corporation Name

Cardi Holdings INC.

2. Principal Office Address

10775 S.W. 190<sup>th</sup>

Suite, Apt. #, etc.

#17

City & State

Miami FL

Zip

33157

Country

U.S.A

3. Mailing Office Address

7301 Fairway Blvd

Suite, Apt. #, etc.

City & State

Miramar FL

Zip

33023

Country

U.S.A

REINSTATEMENT

CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified  
To Do Business in Florida

June 26, 2000

5. FEI Number

05-1046924

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

Frederick Brown

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

7301 Fairway Blvd

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/21/06

**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
P	Frederick Brown	7301 Fairway Blvd	Miramar FL 33023
M	Adriene Brown	7301 Fairway Blvd	Miramar FL 33023

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick Brown 9/21/06 (954) 967-6112

Date

Daytime Phone #