

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 AM 11:28

DOCUMENT # P00000080017

1. Corporation Name

C.E.S. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

6278 NORTH FEDERAL HIGHWAY, UNIT 388  
FORT LAUDERDALE FL 33308-1916

6278 NORTH FEDERAL HIGHWAY, UNIT 388  
FORT LAUDERDALE FL 33308-1916



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	SCIASCIA, CHARLES W JR.	6278 NORTH FEDERAL HIGHWAY, UNIT	FORT LAUDERDALE FL 33308
VSTD	SCIASCIA, AGNES B	6278 NORTH FEDERAL HIGHWAY, UNIT	FORT LAUDERDALE FL 33308
VP	SCIASCIA, CHARLES SR	6278 N. Fed Hwy	FTL. 33308
			400004659584--5 -10/30/01--01077--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

MEMO

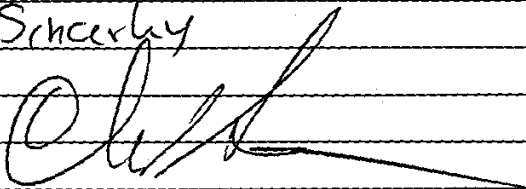
10/15/01

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

CFS Investments Inc.  
6278 N. Federal Hwy  
#388  
Ft. Lauderdale, FL 33308

We never received the original  
annual report from your office  
So as per your direction I am  
enclosing the normal annual fee  
amount of \$150<sup>00</sup>xx.

Sincerely

A handwritten signature in black ink, appearing to be "Chris" or similar, written in a cursive style.