

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page b7c

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -5 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087339

1. Corporation Name

CERTIFIED CDL, INC.

2. Principal Office Address

2301 WEST SAMPLE ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

BUILDING 4, SUITE 1A

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

Zip

33073

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/00

5. FEI Number

65-1058679

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

ALAN S. FISHMAN, ESQ.

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

2301 WEST SAMPLE ROAD

Suite, Apt. #, Etc.

BUILDING 4, SUITE 1A

City

POMPANO BEACH

State

FL

Zip Code

33073

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

Alan S. Fishman

Date

12/3/03

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
D	DOUGLAS WRANOVICS	714 CYPRESS GREEN CIR.	WELLINGTON, FL 33414

REINSTATEMENT 01-03

13

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 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:

Douglas Wranovics

Date

10/24/03

Daytime Phone #