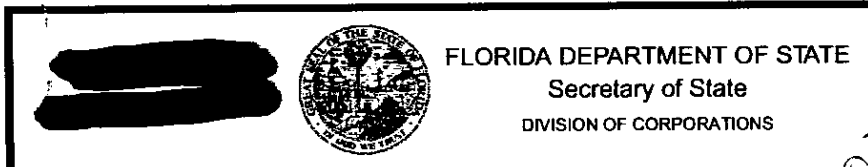


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000105325

1. Corporation Name

CESM Investments

2. Principal Office Address

17754 SW 143 Ct

Suite, Apt. #, etc.

City & State

Miami

Zip
FL

Country
USA

3. Mailing Office Address

17754 SW 143 Ct

Suite, Apt. #, etc.

City & State

Miami

Zip
FL

Country
USA

FILED

03 JAN 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400011410644
01/30/03--01045--002 **308.75

2002-2003
1BPR

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/00

5. FEI Number

65-1058497

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

Charles S. Murias

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

17754 SW 143 Ct

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33177

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

Date 1/30/03

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
P	Charles S. Murias	17754 SW 143 Ct	Miami, FL 33177
S.	Lydia Holland	17754 SW 143 Ct	Miami, FL 33177

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S. Murias

1/30/03

Date

305-971-2917

Daytime Phone #

CR2E081 (10/02)

165

20f2

CESM *Investments, Inc.*

17754 SW 143 Court, Miami, FL 33177
Phone: 305-971-2917 Fax: 305-234-7789
Email Address: csmurias@aol.com

January 29, 2003

State of Florida
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of CESM Investments – Document #P00000105325

Dear Sir or Madam:

Enclosed is the application for reinstatement of CESM Investments together with a check in the amount of \$300.00. I would like to request that the penalty be waived since I did not receive my 2002 paperwork. This corporation has not earned any monies, but we have started to get some business and will do so in the very near future.

Any consideration in waiving the penalty would be a great relief and will be greatly appreciated.

Sincerely,



Charles S. Murias
President