PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

REINSTATEMENT	FILED 02 JUN 4 PN 4: 46 SECRETARY OF STATE TALLAHASSEE, FLORIGA					
DÓCUMENT # P0000						
CARDIN INVESTMENTS COR						
Principal Place of Business	Mailing Address		_			
1419 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020	THE OF LEGITIME					
M.A		÷		A CONTRACTOR	The said of the sa	
If above addresses are incorrect in any way, line t 2. New Principal Office Address, If Applicable		n and enter correction below. Address, If Applicable	0973	101 10132	02/5.180	
Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 11/27/2000			
			5. FEI Number		Applied For	
City & State City & State			45-105	97-27	Not Applicable	
Zip Country	Zip	Country	<u>i. </u>		tional Fee required = tificate of Status	
7. Names and Street Addresses of Each Officer and	d/or Director (Florida nonp	profit corporations must list at le	ast 3 directors)			
Title(s), Name of Officers and/or Directors 3		Street Address of Each Officer and/or Directo		City / State / Zip		
OWNER GERAUD GAUTHU	ER	G S SEASE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	howy wo op FL	33020	
		9. S. FEDER	AC HWY			
				R750	Temp	
7					- <i>- 1-1.</i>	
			400	005753554 -96/11/0201071-	<u>□</u>	
	— DERICE	PATERIERIT	71-07	****S50.00 ****S	550.00	
	KLING	I (a) I Programme a n		78		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
GAUTHIER, GERALD			Name			
1419 S. FEDERAL HIGHWAY	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020	Suite, Apt. #, Etc.	2				
		City		****200.09ate *****	-002 200.00	
10. I, being appointed the registered agent of the ab	ove named corporation, arr	n familiar with and accept the ob	oligations of Section (307.0505, F.S.		
	1			~ 1	1 2	
Signature of Registered Agent School	EGISTERED AGENT MUS	T SIGN		Date	02	
11. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate and my si	iver or trustee empowered to obtain the state of individuals listed names of individuals listed	to execute this application as production as production to execute this form do not qualify for a	the requirements of s	action 607 0401 or 617 0401 E.C.	44a4 - 11 4 1	

SIGNATURE

SIGNATURE AND TYPED OR P SIGNING OFF SER OR DIRECTOR

PASelon