

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
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04 DEC 14 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01000011243

1. Corporation Name
 COMPREHENSIVE BUSINESS SERVICES 1402, INC.

2. Principal Office Address
 153 NE 97 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI SHORES, FL

City & State
 MIAMI SHORES, FL

Zip Country
 33138 USA

Zip Country
 33138 USA

4. Date Incorporated or Qualified
 To Do Business in Florida 01/30/2001

5. FEI Number
 65-0797328

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
 for a Certificate of Status

REINSTATEMENT 03-24

3/16/04 01037 020 300.00 tk

7. Name and Address of Current Registered Agent

Name
 PIERRE CHARLES

Street Address (P.O. Box Number is Not Acceptable)
 192 WIMBLEDON LAKES DRIVE

Suite, Apt. #, Etc.

City
 PLANTATION

State Zip Code
 FL 33324

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date 12/09/2004

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
PD	PIERRE CHARLES	192 WIMBLEDON LAKES DRIVE	PLANTATION, FL 33324

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/09/2004

Date

305-751-1940

Daytime Phone #

CR2ED01 (01/04)

P3 292

**COMPREHENSIVE®
BUSINESS SERVICES**

ACCOUNTING

BOOKKEEPING

TAX SERVICES

CONSULTATION

153 N.E. 97th Street • Miami Shores, FL 33138

Phone (305) 751-1940

FAX (305) ~~751-1960~~ 751-1960

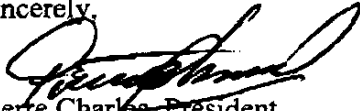
Department of State
Division of Corporations

**RE: COMPREHENSIVE BUSINESS SERVICES 1402, INC.
P01000011243**

This is to inform us that we had previously mailed the requested reinstatement form and to this date our corporation with document number **P01000011243** has not been reinstated. In addition, we never received the required Annual Report form for 2003 & 2004.

For any additional information please do not hesitate to call or write.

Sincerely,



Pierre Charles, President
Comprehensive Business Services 1402, Inc.
December 14, 2004