

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 15 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 04**



10112004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P01000029003</b> 1. Entity Name <b>CARDONIC CORP.</b>					
Principal Place of Business <b>12054 S.W. 131 AVENUE MIAMI, FL 33186</b>			Mailing Address <b>12054 S.W. 131 AVENUE MIAMI, FL 33186</b>		
2. Principal Place of Business <b>12905 W. Okeechobee Rd</b>		3. Mailing Address <b>12905 W. Okeechobee Rd</b>		4. FEI Number <b>65-1091474</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>Unit #5</b>		Suite, Apt. #, etc. <b>Unit #5</b>			
City & State <b>Hialeah Gardens, FL</b>		City & State <b>Hialeah Gardens, FL</b>			
Zip <b>33018</b>	Country <b>USA</b>	Zip <b>33018</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>SEBASTIANI, JUAN M 16901 S.W. 5TH COURT WESTON, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Frank S. Russo</b> Street Address (P.O. Box Number is Not Acceptable) <b>834 Verona Lake Dr.</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Frank S. Russo</u> <i>[Signature]</i> DATE <u>10-10-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <b>RUSSO, FRANK SARTI</b> <b>834 VERONA LAKE DR.</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400041901344</b> <b>10/15/04--01045--003 **150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVSD <b>SEBASTIANI, JUAN M</b> <b>16901 S.W. 5TH CT.</b> <b>WESTON, FL 333261418</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Frank S. Russo</u> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10-10-04</u> Daytime Phone # _____		