

H05000059684

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| APPLICATION<br>FOR<br>REINSTATEMENT | FLORIDA DEPARTMENT OF STATE<br><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------|---|

DOCUMENT # P01000045741

1. Corporation Name

C.E.F. Corp.

FILED

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SECRETARY OF STATE  
FLORIDA

REINSTATEMENT

03-05

Principal Place of Business Mailing Address

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>5/7/2001  | 3a. Date of Last Report<br>7/2/2002                    |
| 4. FEI Number<br>65-1100993  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 121 Crandon Boulevard<br>Suite, Apt. #, etc.<br>22 Unit 249<br>City & State<br>23 Key Biscayne FL<br>Zip<br>24 33149 | 2a. Mailing Address<br>26 121 Crandon Boulevard<br>Suite, Apt. #, etc.<br>27 Unit 249<br>City & State<br>28 Key Biscayne FL<br>Zip<br>29 33149 |
|---|--|

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent                                   |
|   | 81 Name<br>Lizabeth F. Calvo   |
|   | 82 Street Address (P.O. Box Number is Not Acceptable)<br>328 Crandon Boulevard |
|   | 83 Suite 226   |
|   | 84 City<br>Key Biscayne FL 85 Zip Code<br>33149                                |

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE Lizabeth F. Calvo by K. Sarria as attorney-in-fact 3/7/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing) DATE

|   |  |   |   |
|---|--|---|---|
| 12. OFFICERS AND DIRECTORS                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | President, Director<br>Carlos Antonio Cifuentes<br>13075 SW 132 Avenue<br>Miami, FL 33186 <input type="checkbox"/> DELETE                  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | Vice President, Director<br>Jeannette Duque Estrada de Cifuentes<br>13075 SW 132 Avenue<br>Miami, FL 33186 <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE Carlos Antonio Cifuentes by K. Sarria as attorney-in-fact 3/7/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**C.E.F. CORP.**

|                       |            |
|-----------------------|------------|
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