

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P01000051426

1. Corporation Name

CEDARS CAPITAL MANAGEMENT, INC.

02 DEC -3 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1200 WEST AVE., STE. 1415  
MIAMI FL 33139

1200 WEST AVE., STE. 1415  
MIAMI FL 33139



300009508829  
12/13/02--01062--022 \*\*558.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/17/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1117068

Applied For

Not Applicable

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	WISSAM K. ABDELNOUR	1200 WEST AVENUE, #1415	MIAMI BEACH, FL 33139

8. Name and Address of Current Registered Agent

FEDER, GARY A ESQ.  
FEDER & DUNN, P.A.  
11575 HERON BAY BLVD., STE. 309  
CORAL SPRINGS FL 33076

9. Name and Address of New Registered Agent

Name WISSAM K. ABDELNOUR  
Street Address (P.O. Box Number is Not Acceptable)  
1200 WEST AVENUE  
Suite, Apt. #, Etc.  
#1415  
City MIAMI BEACH State FL Zip Code 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/25/2002.

11. 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 REQUIRED  
WISSAM K. ABDELNOUR

11/25/2002 (305) 532-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E40 (8/02)