

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000115609

1. Corporation Name

CEDIMMO INC.

500073504785
05/01/06--01055--011 **458.75

REINSTATEMENT
CR2E081 (12/05)

04-06

2. Principal Office Address

6900 S. Orange Blossom Trail

3. Mailing Office Address

6900 S. Orange Blossom Trail

Suite, Apt. #, etc.

432

Suite, Apt. #, etc.

432

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2001

5. FFL Number

651159564

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barthe & Leigh LLP

Street Address (P.O. Box Number is Not Acceptable)

2455 East Sunrise Blvd.

Suite, Apt. #, Etc.

602

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

03/17/06

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
P	Pierre Mousseau	100 N. Biscayne Suite 2904	Miami, FL 33132

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 contained in Chapter 119, 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:

MOUSSEAU Pierre Director

Date

Daytime Phone #

28 March 2006

4/27/06