

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 AUG 14 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02DDDD17734**

1. Corporation Name

**CDS EXPRESS, INC.
731 NE 141ST STREET
MIAMI, FL. 33161**

2. Principal Office Address

731 NE. 141ST STREET
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 245911
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

MIAMI, FLORIDA

Zip
33161

Country

U.S.A.

City & State

PEMBROKE PINES, FLORIDA

Zip

33024

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/12/2002

5. FEI Number

43-1957539

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

CALVIN D. ROBERTS

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

731 NE 141ST STREET

Suite, Apt. #, Etc.

City

MIAMI, FL.

State
FL

Zip Code
33161

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 **8/8/2006**

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.	OCTAVE CARRENARD	731 NE 141ST STREET	MIAMI, FLORIDA 33161

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:

OCTAVE CARRENARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/2006

Date

954-471-8907

Daytime Phone #