


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # R02000018065		
1. Entity Name C.M.D.K. CORPORATION		

Principal Place of Business 158 BRIGHTWATER DRIVE CLEARWATER, FL 33767	Mailing Address 158 BRIGHTWATER DRIVE CLEARWATER, FL 33767
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2. Principal Place of Business - No P.O. Box # 1630 GULF TO BAY	3. Mailing Address 1630 GULF TO BAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater	City & State Clearwater
Zip 33755	Zip 33755
Country PINN.	Country PINN.



05031007 REIN-P CR2E098 (1/07) 06-07

4. FEI Number 68-0490765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CIEZCZAK, CHESTER 158 BRIGHTWATER DRIVE CLEARWATER, FL 33767	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 320 ISLAND WAY UNIT 201 City Clearwater FL Zip Code 33767
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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 X Mary Ciezsak V President 5/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIEZCZAK, CHESTER 158 BRIGHTWATER DRIVE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200105655372 07/05/07--01064--016 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CIEZCZAK, MARY 158 BRIGHTWATER DRIVE CLEARWATER, FL 33767 <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
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 exemptions contained in Chapter 119, 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: X Mary Ciezsak V President 7/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

The Registered Agent (RA) named above must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature MARIA CIEZCZAK

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) CIEZCZAK, CHESTER, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 320 ISLAND WAY UNIT 201
City, State CLEARWATER, FL
Zip Code & Country 33767

Title VPD
Name (Last, First, Middle, Title) CIEZCZAK, MARY, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 320 ISLAND WAY UNIT 201
City, State CLEARWATER, FL
Zip Code & Country 33767

Title P D
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State ,
Zip Code & Country