

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY 20 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials and date: 5/21

DOCUMENT # P02000050494

1. Corporation Name

CFB ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

234 PADDOCK STREET

Suite, Apt. #, etc.

City & State

WATERTOWN, NY

Zip

13601

Country

USA

3. Mailing Office Address

234 PADDOCK STREET

Suite, Apt. #, etc.

City & State

WATERTOWN, NY

Zip

13601

Country

USA

700180504387
05/06/10--01041--019 **1050.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/07/2002

5. FEI Number

161538244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES COOK

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

629 MANDERLEY RUN

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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05/20/10--01004--015 **185.00

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

Handwritten signature: James Cook

Date 04/02/2010

REGISTERED AGENT MUST SIGN

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
PD	CHRISTOPHER M SWARTZ	234 PADDOCK STREET	WATERTOWN, NY 13601

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05/20/10--01004--015 **185.00

10. E-mail Address: CONNIERANDERSON@GMAIL.COM

(To be used for future annual report notification)

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. I further certify 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:

Handwritten signature: Christopher M. Swartz

CHRISTOPHER M. SWARTZ

04/02/10

315-783-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #