

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -6 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000 128887

1. Corporation Name
CPMEN, CORP.

2. Principal Office Address
520 BRICKELL KEY DRIVE

Suite, Apt. #, etc.
SUITE O-305

City & State
MIAMI, FLORIDA

Zip Country
33131 USA

3. Mailing Office Address
520 BRICKELL KEY DRIVE

Suite, Apt. #, etc.
SUITE O-305

City & State
MIAMI, FLORIDA

Zip Country
33131 USA

REINSTATEMENT

04-05

20

4. Date Incorporated or Qualified
To Do Business in Florida 12/06/2002

5. FEI Number
20-2246715

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
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC

Street Address (P.O. Box Number is Not Acceptable)
520 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.
O-305

City
MIAMI

State Zip Code
FL 33131

000051355200
04/20/05--01011--026 **150.00

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 X

REGISTERED AGENT MUST SIGN

Date 04/05/05

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
PSD	DELEON GARCIA, MARIA E.	520 BRICKELL KEY DR, STE O-305	MIAMI, FLORIDA 33131
VTD	MAY, CHRISTOPHER	520 BRICKELL KEY DR, STE O-305	MIAMI, FLORIDA 33131

000051355200
04/20/05--01011--027 **750.00

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 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:

CHRISTOPHER MAY, VTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2005

Date

011-52-555-438-2296

Daytime Phone #

CR2E081 (01/05)