

Mar 03 04 09:21a

Ivan A. Gomez PA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR 16 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 002000133041 1. Corporation Name CMD INVESTMENTS, INC.																																	
2. Principal Office Address 6939 Sunrise Terrace Suite, Apt. #, etc. City & State Coral Gables, Florida Zip 33133		3. Mailing Office Address c/o Ivan A. Gomez, P.A. Suite, Apt. #, etc. 601 Brickell Key Drive Suite 507 City & State Miami, Florida Zip 33131		4. Date Incorporated or Qualified To Do Business in Florida 12/19/2002 5. FEI Number 06-1671961 6. CERTIFICATE OF STATUS DESIRED ☒ 7. Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive, Suite 507 Suite, Apt. #, Etc. City Miami																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent: <u>Ivan A. Gomez, President</u> Date: <u>3/2/04</u> BY: <u>Ivan A. Gomez, President</u> REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>DUBOIS, CHARLES</td> <td>6939 Sunrise Terrace</td> <td>Coral Gables, FL 33133</td> </tr> <tr> <td>VD</td> <td>DE DUBOIS, MARIA A.</td> <td>6939 Sunrise Terrace</td> <td>Coral Gables, FL 33133</td> </tr> <tr> <td>S</td> <td>DUBOIS, JEAN P.</td> <td>6939 Sunrise Terrace</td> <td>Coral Gables, FL 33133</td> </tr> <tr> <td>T</td> <td>DUBOIS, EUGENE F.</td> <td>6939 Sunrise Terrace</td> <td>Coral Gables, FL 33133</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	DUBOIS, CHARLES	6939 Sunrise Terrace	Coral Gables, FL 33133	VD	DE DUBOIS, MARIA A.	6939 Sunrise Terrace	Coral Gables, FL 33133	S	DUBOIS, JEAN P.	6939 Sunrise Terrace	Coral Gables, FL 33133	T	DUBOIS, EUGENE F.	6939 Sunrise Terrace	Coral Gables, FL 33133								
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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: <u>CHARLES DUBOIS, President</u> (305) 371-9213 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

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