

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR -5 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133041

1. Entity Name
CMD INVESTMENTS, INC.



Principal Place of Business
6939 SUNRISE TERR.
CORAL GABLES, FL 33133

Mailing Address
601 BRICKELL KEY DR
SUITE 507
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007 REIN-P CR2E098 (1/07)

4. FEI Number
06-1871961

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DR SUITE 507
MIAMI, FL 33131

Name

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

City

FL

Zip Code

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

IAG CORPORATE SERVICES, INC. BY J/A PROD. 2/28/07

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DUBOIS, CHARLES
STREET ADDRESS 6939 SUNRISE TERR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DE DUBOIS, MARIA A
STREET ADDRESS 6939 SUNRISE TERR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE ☐ Change ☐ Addition
NAME 400093730324
STREET ADDRESS 03/19/07--01032--030 ***900.00
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DUBOIS, JEAN P
STREET ADDRESS 6939 SUNRISE TERR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DUBOIS, EUGENE F
STREET ADDRESS 6939 SUNRISE TERR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

J/A CHARLES DUBOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT