2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000039633

Entity Name: CVD MANAGEMENT, INC

FILED Oct 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1481 NW 81 STREET 1421 NW 81 STREET MIAMI, FL 33147 1421 NW 81 STREET MIAMI, FL 33147

Current Mailing Address: New Mailing Address:

1481 NW 81 STREET 1421 NW 81 STREET MIAMI, FL 33147 1421 NW 81 STREET MIAMI, FL 33147

FEI Number: 38-3677983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, ROBERT

1481 NW 81 STREET

MIAMI, FL 33147 US

JOHNSON, ROBERT

1421 NW 81 STREET

MIAMI, FL 33147 US

MIAMI, FL 33147 US

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.

SIGNATURE: ROBERT JOHNSON 10/05/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete Name: JOHNSON, ROBERT

Address: 1481 NW 81 STREET City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: DUNBAR, CARLIE
Address: 1481 NW 81 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition

Name: JOHNSON, ROBERT Address: 1421 NW 81 STREET City-St-Zip: MIAMI, FL 33147

Title: D (X) Change () Addition

Name: DUNBAR, CARLIE
Address: 1421 NW 81 STREET
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLIE DUNBAR D 10/05/2004