

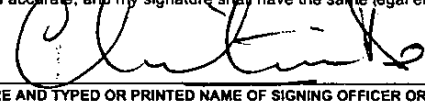


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 18 AM 10:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000057286				
1. Corporation Name C & N Do, Inc.				
2. Principal Office Address 2901 Parkway Blvd.		3. Mailing Office Address		
Suite, Apt. #, etc. Unit B12		Suite, Apt. #, etc.		
City & State Kissimmee, Florida		City & State		
Zip 34747	Country USA	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida 5/23/03		
		5. FEI Number 611451337	Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Ngu H. Do				
Street Address (P.O. Box Number is Not Acceptable) 2901 Parkway Blvd.				
Suite, Apt. #, Etc. Unit B12				
City Kissimmee		State FL	Zip Code 34747	
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 		Date 2/21/05		
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	
D	Ngu H. Do	2901 Parkway Blvd., Unit B12	Kissimmee, FL 34747	
P	Christine Do	2901 Parkway Blvd., Unit B12	Kissimmee, FL 34747	
T	Jimmy N. Do	2901 Parkway Blvd., Unit B12	Kissimmee, FL 34747	
S	Steve Do	2901 Parkway Blvd., Unit B12	Kissimmee, FL 34747	
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: 		Date 2/21/05 (407) 876 6293		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

CR2E081 (01/05)