


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000074062		
1. Entity Name CBNET REALTY CORP.		

FILED

04 DEC 30 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15590 N.W. 15TH AVENUE MIAMI, FL 33169	Mailing Address 15590 N.W. 15TH AVENUE MIAMI, FL 33169
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2. Principal Place of Business 19431 SW 39st Suite, Apt. #, etc. MIRAMAR Florida City & State	3. Mailing Address 19431 SW 39st Suite, Apt. #, etc. MIRAMAR Florida City & State
Zip 33029	Country USA



REINSTATEMENT 2004

4. FEI Number 20-2006180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUGNE, FRANCOIS JR. 15590 N.W. 15TH AVENUE MIAMI, FL 33169	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS DUGNE, FRANCOIS JR. 15590 N.W. 15TH AV MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Francis Dugne 12-27-04 984 394-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #