

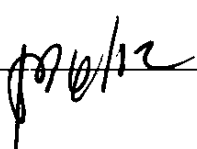
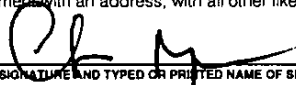


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000103598 1. Entity Name C.B.N. CAPITAL & REAL ESTATE INVESTMENT CORPORATION				FILED 06 JUN -7 PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3021 NE 47TH ST. LIGHTHOUSE POINT, FL 33064-7137		Mailing Address 3021 NE 47TH ST. LIGHTHOUSE POINT, FL 33064-7137		 05242006 REIN-P CR2E098 (11/05) 05-06	
2. Principal Place of Business 4810 NW 95 Drive Suite, Apt. #, etc.		3. Mailing Address 4810 NW 95 Drive Suite, Apt. #, etc.			
City & State Coral Springs Zip 33076 Country USA		City & State Coral Springs, FL Zip 33076 Country USA			
4. FEI Number 20-0254839		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, CHI B 3021 NE 47TH ST. LIGHTHOUSE POINT, FL 33064-7137		7. Name and Address of New Registered Agent Name Nguyen, Chi B. Street Address (P.O. Box Number is Not Acceptable) 4810 NW 95 Drive City Coral Springs FL Zip Code 33076			
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 		Chi B. Nguyen		06/01/2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BA RODRIGUEZ, CLIFTON H CPA 3146 NW 68 ST. FORT LAUDERDALE, FL 333091206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Chi B. Nguyen 4810 NW 95 Drive Coral Springs, Florida 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP/Director Van B. Pham 4810 NW 95 Drive Coral Springs, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076158705 06/13/06--01046--008 **300.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Chi B. Nguyen		06/01/06 (954) 249-1555	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	