

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03-152555**

**1. Corporation Name**

**CFSOLUTIONS.US CORP.**

**REINSTATEMENT**

**04**  
**MIRB**

**2. Principal Office Address**

**706 Congressional Way**  
Suite, Apt. #, etc.

**3. Mailing Office Address**

**706 Congressional Way**  
Suite, Apt. #, etc.

**City & State**

**DEERFIELD BEACH - FL**

**Zip**  
**33442**

**Country**

**BROWARD**

**City & State**

**Deerfield Bch - FL 33442**

**Zip**

**33442**

**Country**

**BROWARD**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/15/2003**

**5. FEI Number**

**20-0491628**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**FERNANDO DESOUZA**

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

**706 Congressional Way**

**Suite, Apt. #, Etc.**

**City**

**DEERFIELD BEACH**

**State**

**FL**

**Zip Code**

**33442**

**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**

**REGISTERED AGENT MUST SIGN**

**Date** **10/12/04**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P</b>	<b>DESOUZA, FERNANDO</b>	<b>706 Congressional Way</b>	<b>Deerfield Beach, FL 33442</b>

**000041302200**  
**10/15/04--01098--007 \*\*150.00**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**FERNANDO DESOUZA**

**Date**

**10/12/04**

**Daytime Phone #**

**754-367-0177**

CR2ED01 (01/04)

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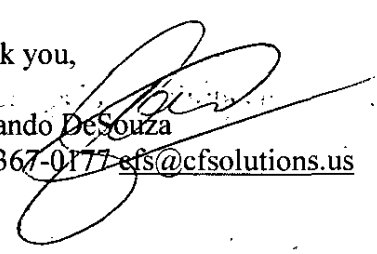
Tuesday, October 12, 2004

From: CFSolutions.US Corp.

To: Corporation Reinstatement – Florida Department of State.

This letter is to inform you that we never received the first card to reinstate our corporation. During part of August and the month of September our home and office got hit really bad by the hurricanes, and lot of personal and business mail got lost or misplaced. Please, have our corporation reinstated as soon as possible. Included is a check for \$150.00.

Thank you,

  
Fernando DeSouza  
754-367-0177 cfs@cfsolutions.us