

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000154786

FILED
Oct 13, 2005
Secretary of State

Entity Name: CP ONE INC.

Current Principal Place of Business:

7563 CAPE VERDE LANE
LAKEWORTH, FL 33467

New Principal Place of Business:

141 EILEEN WAY
SYOSSET, NY 11791

Current Mailing Address:

7563 CAPE VERDE LANE
LAKEWORTH, FL 33467

New Mailing Address:

141 EILEEN WAY
SYOSSET, NY 11791

FEI Number: 90-0136244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, PETER ESQ
7563 CAPE VERDE LANE
LAKEWORTH, FL 33467 US

Name and Address of New Registered Agent:

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: PETER LEVY

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: D () Delete
Name: SADAND, TARUN
Address: 53-48 203RD STREET
City-St-Zip: BAYSIDE, NY 11364

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SADANA, TARUN
Address: 25 WILDWOOD DRIVE
City-St-Zip: LAUREL HOLLOW, NY 11791

Title: D () Change (X) Addition
Name: LEVY, SCOTT
Address: 37 LEGENDS CIRCLE
City-St-Zip: MELVILLE, NY 11747

Title: D () Change (X) Addition
Name: VERMA, RANJAN
Address: 46 LEGENDS CIRCLE
City-St-Zip: MELVILLE, NY 11747

Title: D () Change (X) Addition
Name: KAPOOR, ANIL
Address: 11 WINCHESTER DRIVE
City-St-Zip: MUTTONTOWN, NY 115454

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: TARUN SADANA

D

10/13/2005

Electronic Signature of Signing Officer or Director

Date