2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000009799

Entity Name: CDF SERVICES CORPORATION

Oct 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8205 MOSSBORGER AVE. 766 S.OSPREY AVE NORTH PORT, FL 34287

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

8205 MOSSBORGER AVE 766 S. OSPREY AVE NORTH PORT, FL 34287

SARASOTA, FL 34236

FEI Number: 20-0594328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANCHEZ FERNANDEZ, RAFAEL E RAMOS, ANA L 2639 ASHLAND LANE 766 S. OSPREY AVE NORTH PORT, FL 34286 US

SARASOTA, FL 34236 US

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: ANA RAMOS 10/13/2007

> 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

SANCHEZ FERNANDEZ, RAFAEL E RINCON, RAUL F Name: Name: 2639 ASHLAND LANE Address: 3548 CORONADO DR AP 609 Address:

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: SARASOTA, FL 34231

() Delete Title: Title: (X) Change () Addition

Name: SANCHEZ PEREZ, CARLOS M Name: ZAMBRANO, SANDRA M 2639 ASHLAND LANE Address: 3548 CORONADO DR AP 609 Address: NORTH PORT, FL 34286 SARASOTA, FL 34231 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: RAUL F RINCON 10/13/2007