

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 23 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

DOCUMENT # P04000070948

1. Corporation Name

CN COMPANY, COMMERCIAL RESTORATION INC.

2. Principal Office Address

4102 AZEELE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

4102 AZEELE STREET

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609

Country

U.S.A

Zip

33609

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1997

5. FEI Number

593485677

Applied For

Not Applicable

6.



7. Name and Address of Current Registered Agent

Name

CLAUDE NADEAU

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

4102 AZEELE STREET

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33609

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

Claude Nadeau

Date 3/20/2007

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CLAUDE NADEAU	4102 AZEELE STREET	TAMPA FL 33609

REINSTATEMENT

OS-07

B 3/23/07

600095811786
04/04/07--01046--012 **450.00

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: *Claude Nadeau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE NADEAU 3/20/2007

Date

813-240-9424

Daytime Phone #

PAUL W. F.

DATE: 3-20-2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: CN COMPANY, COMMERCIAL RESTORATION INC.
CLAUDE NADEAU

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR
2005 & 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT.Y.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813-240-9424.

THANKS,


CN COMPANY, COMMERCIAL RESTORATION INC.
CLAUDE NADEAU