

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 13 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000108197

1. Corporation Name

CDCO INVESTMENTS, INC.

500134596409
08/19/08--01020--002 **600.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 1560 SAWGRASS CORP PKWY Suite, Apt. #, etc. 4TH FLOOR City & State SUNRISE, FL Zip 33323		3. Mailing Office Address 1560 SAWGRASS CORP PKWY Suite, Apt. #, etc. 4TH FLOOR City & State SUNRISE, FL Zip 33323	
Country	US	Country	US

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/21/2004

5. FEI Number ☒ 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 CRAIG DOLDREN	
Street Address (P.O. Box Number is Not Acceptable) 1560 SAWGRASS CORP PKWY	
Suite, Apt. #, Etc. 4TH FLOOR	
City SUNRISE	State FL
Zip Code 33323	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent on 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 **08/13/2008**

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
CEO	CRAIG DOLDREN	1560 SAWGRASS CORP PKWY 4TH	SUNRISE, FL 33323

REINSTATEMENT
05-08
gss

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 contained in Chapter 119, 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

08/13/2008

Date

Daytime Phone #