## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000144787

FILED Nov 01, 2005 Secretary of State

Entity Nan	ne: CARD	NINOT SERVICES CORPORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9850 BERNWOOD PLACE DR UNIT 202 FT MYERS, FL 33912			140 MORSE PLAZA FT MYERS, FL 33905		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9850 BERN FT MYERS		_ACE DR UNIT 202 2			
FEI Number:	20-1773797	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address o	of Current Registered Agent:	Name and Address of	f New Registered Agent:	
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064 US				IZABEL CARDINOT 9850 BERNWOOD PLACE DR UNIT 202 FT MYERS, FL 33912 US	
The above in the State		ity submits this statement for the pur	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: IZABEL CARDINOT				11/01/2005	
	e with s. 607 paign Finan	tronic Signature of Registered Agent 7.193(2)(b), F.S., the corporation did not r icing Trust Fund Contribution ( ). ECTORS:	eceive the prior notice.	Date S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P CARDINOT, 9850 BERN FT MYERS,	IWOOD PLACE DR UNIT 202	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V CARDINOT, 9850 BERN FT MYERS,	IWOOD PLACE DR UNIT 202	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST CARDINOT.	()Delete . THIAGO C	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: IZABEL CARDINOT V 11/01/2005

9850 BERNWOOD PLACE DR UNIT 202

FT MYERS, FL 33912

Address: City-St-Zip: