


2005 FOR PROFIT CORPORATION REINSTATEMENT

page 10f2

DOCUMENT # P04000158000		
1. Entity Name CD STASH, INC.		

FILED

05 NOV -8 PM 4:33

Principal Place of Business 1255 BELLE AVE SUITE 166 WINTER SPRINGS, FL 32708	Mailing Address 1255 BELLE AVE SUITE 166 WINTER SPRINGS, FL 32708
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05/05/05 90094 014 150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11012005 REIN-P CR2E098 (6/04)

4. FEI Number 20-2657272	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, JASON 1255 BELLE AVE SUITE 166 WINTER SPRINGS, FL 32708		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JASON 1006 PROVIDENCE LANE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD Stash , Inc
1255 Belle Avenue Suite 166
Winter Springs, FL 32708

Page 2012

November 1, 2005

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: CD Stash, Inc

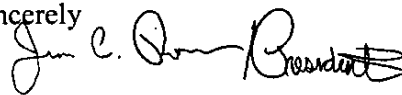
To Whom It May Concern:

This letter is to inform you that we the above mentioned company has filed its corporation renewal on time and made the payment for \$150.00 which cleared their bank in the month of April 2005.

We have never received any correspondence from the Florida Department of State until the Notice of Dissolution or Revocation. When I called the Division of Corporation I was advised that a letter was mailed to us on May 22, 2005 to inform us that the original form was not complete. To this day we have never received this letter.

Enclosed is 2005 for profit corporation reinstatement form. Please accept this form with out penalties since we did file the original form before the due date and never received any correspondence telling us there was missing information.

Sincerely

A handwritten signature in black ink, appearing to read "Jason C. Ross". The signature is stylized with a large, looped "J" and "R".

Jason Ross, President
CD Stash, Inc