

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 24 PM 1:14

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000049462

1. Corporation Name

Charitable Marketing Services Inc.

2. Principal Office Address - No P.O. Box #

3150 NE 190 ST

3. Mailing Office Address

3150 NE 190 ST

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Aventura FL

City & State

Aventura FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2005

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

Jose Yanes

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

3605 NE 207 ST

Suite, Apt. #, Etc.

4305

City

Aventura

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date 12/20/07

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	Jose Yanes	3605 NE 207 ST #4305	Aventura FL 33180
CFO	Jacqueline Friedeberg	16360 SW 9TH ST	Pembroke Pines FL 33027
CFO	Maria Bu	2560 NE 207 Terrace	Miami FL 33180
CIO	Sergio Bu	20085 NE 3rd Ct #4	Miami FL 33179

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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:

Jose Yanes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/07

Date

786-554-1794

Daytime Phone #