

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000132204

**FILED**  
**Jul 15, 2010**  
**Secretary of State**

**Entity Name:** CAB INVESTMENTS GROUP, INC.

**Current Principal Place of Business:**

11483 NW 78TH TERRACE  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

2655 LE JEUNE ROAD  
SUITE 406  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

11483 NW 78TH TERRACE  
MEDLEY, FL 33178 US

**New Mailing Address:**

2655 LE JEUNE ROAD  
SUITE 406  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-3538360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELLO, CESAR E  
11483 NW 78TH TERRACE  
MEDLEY, FL 33178 US

**Name and Address of New Registered Agent:**

BELLO, CESAR E  
2655 LE JEUNE ROAD  
SUITE 406  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: CESAR BELLO

07/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELLO, CESAR E  
Address: 2655 LE JEUNE ROAD STE#406  
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO  
Name: PRICE, BRIAN  
Address: 2655 LE JEUNE ROAD STE#406  
City-St-Zip: CORAL GABLES, FL 33134

Title: COO  
Name: CALVIN, PALMER  
Address: 2655 LE JEUNE ROAD STE#406  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: BRIAN PRICE

CFO

07/15/2010

Electronic Signature of Signing Officer or Director

Date