

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000152645

1. Entity Name
CARDWELL CAPITAL SOLUTIONS INC.



Principal Place of Business
3900 NW 5TH AVENUE
BOCA RATON, FL 33431

Mailing Address
3900 NW 5TH AVENUE
BOCA RATON, FL 33431

2. Principal Place of Business
3900 NW 5th Ave
Suite, Apt. #, etc.

3. Mailing Address
3900 NW 5th Ave
Suite, Apt. #, etc.

City & State
Boca Raton, FL 33431

City & State
Boca Raton

Zip
33431

Country
USA

Zip
33431

Country
USA



REINSTATEMENT

4. FEI Number
56-2543067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAUL, ROSEMIE
3900 NW 5TH AVENUE
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Paul Rosemie
Street Address (P.O. Box Number is Not Acceptable)
3900 NW 5th Ave
City
Boca Raton FL Zip Code
33431

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 Rosemie Paul (NOTE: Registered Agent signature required when reinstating)

DATE 12/04/06

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARDWELL, NIGEL MR. 3900 NW 5TH AVENUE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000092468600 12/12/06--01030--004 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PAUL, ROSEMIE MS. 3900 NW 5TH AVENUE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Rosemie Paul Paul Rosemie 12/4/06 954-261-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell DEC 11 2006