

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# P06000086316

Entity Name: CNK SALES INC.

Current Principal Place of Business:

727 CROWS BLUFF LANE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

727 CROWS BLUFF LANE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 56-2599730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACS, CHARLES
727 CROWS BLUFF LANE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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: CHARLES M KOVACS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOVACS, KAREN
Address: 727 CROWS BLUFF LANE
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: KOVACS, CHARLES
Address: 727 CROWS BLUFF LANE
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: KOVACS, CHRISTIAN
Address: 727 CROWS BLUFF LANE
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: KOVAS, ALYSON
Address: 727 CROSS BLUFF LN
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CHARLES M KOVACS

Electronic Signature of Signing Officer or Director

PRES

02/17/2009

Date