

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JUL 17 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048866

1. Corporation Name

C.D.S. HOLDINGS II, INC.

Principal Place of Business

Mailing Address

16002 N.W. 83RD COURT
MIAMI LAKES, FL. 33016

16002 N.W. 83RD COURT
MIAMI LAKES, FL. 33016

000003339440--4

-07/28/00--01060--014

***1058.75 ***1058.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

247 S.W. 8th Street

3. New Mailing Office Address, If Applicable

247 S.W. 8th Street

Suite, Apt., #, etc.

Suite 154

Suite, Apt., #, etc.

Suite 154

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
USA

Zip
33130

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 13, 1993

5. FEI Number

65-0431130

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVS	CHRISTIANE MARCHESA SERRA	15 ELM PLACE	LONDON, ENGLAND SW7 3QJ

REINSTATEMENT

9800
Jm

8. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS
1500 SAN REMO AVENUE
STE. 125
CORAL GABLES, FL. 33146

9. Name and Address of New Registered Agent

Name CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD.

Suite, Apt., #, Etc.
SUITE #1600

City MIAMI

State
FL

Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent BY: *Christiane Marchesa Serra* - ASST. SECRETARY
REGISTERED AGENT MUST SIGN

Date 04/14/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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.

C.D.S. HOLDINGS II, INC.

SIGNATURE: BY:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTIANE MARCHESA SERRA

Date

Daytime Phone #

4/11/00

(305) 371-4206