

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL -8 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003582**

1. Corporation Name

**CEBEDO & COMPANY, INC.**

**100006344431--8**  
-07/12/02--01017--007  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address 11177 70th Avenue N Suite, Apt. #, etc.		3. Mailing Office Address 11177 70th Avenue N Suite, Apt. #, etc.	
City & State Seminole, Florida		City & State Seminole, Florida	
Zip 33772	Country USA	Zip 33772	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/07/1994	
5. FEI Number --- 593219973	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**Rosalinda S. Cebedo**

Street Address (P.O. Box Number is Not Acceptable)  
**14022 80th Avenue North**

Suite, Apt. #, Etc.

City  
**Seminole**

State  
**FL**

Zip Code  
**33776**

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 **Rosalinda S. Cebedo** Date **6/2/02**

REGISTERED AGENT MUST SIGN

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
V.P.	Alejandro C. Cebedo	34 Estate Shoys	Christiansted, St. Croix US Virgin Is 00824
Sec/Tres.	Marie Lynette Walsh	4719 17th St. S	St. Petersburg, FL 33711

**REINSTATEMENT**

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 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.

SIGNATURE: **Rosalinda S. Cebedo** Date **7/2/02** Daytime Phone # **727/397-1155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)