

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 20 AM 10:15

DOCUMENT # **P95000000003**

1. Corporation Name

CDC INVESTMENTS, INC.
#P95 00 00 00 003

2. Principal Office Address - No P.O. Box #

555 N.E. 15th Street, PH-A

Suite, Apt. #, etc.

PH-A

City & State

Miami, Florida

Zip

33132

Country

Miami-Dade

3. Mailing Office Address

555 N.E. 15th Street

Suite, Apt. #, etc.

PH-A

City & State

Miami, Florida

Zip

33132

Country

Miami-Dade

REINSTATEMENT 04-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

1/04/1995

5. FEI Number

65-0562198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

David T. Berg, Jr.

Street Address (P.O. Box Number is Not Acceptable)

555 N.E. 15th Street, P

Suite, Apt. #, Etc.

PH-A

City

Miami

State

FL

Zip Code

33132

200225418072
03/20/12--01021--011 **2011.25

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

Date

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
EC/P/D	Cheryl Berg Ettelman	555 N.E. 15th Street, PH-A	Miami/Florida/33132
S/T/D	Charles L. Berg	555 N.E. 15th Street, PH-A	Miami/Florida/33132
D	David T. Berg, Jr.	555 N.E. 15th Street, PH-A	Miami/Florida/33132
			MAR 21 2012
			T. CAULEY

10. E-mail Address: **bergettelmanberg@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2012 (353) 79-1414