

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P916000082955
**C D PLUS ENTERPRISES
INC.**

2. Principal Office Address

Suite, Apt. #, etc.

City & State

REDINGTON BE FL

Zip

33708

Country

PINALLAS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

16139 4TH STE

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/96

5. FEI Number

59-346 9578

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

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

Suite, Apt. #, Etc.

City

GARY GARDNER

14955 GULF BLVD.

SUITE # 9

MADEIRA BEACH

200003247472-6

-05/11/00-01009-017

*****900.00 ****900.00*

State
FL

Zip Code

33708

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

Gary Gardner
REGISTERED AGENT MUST SIGN

Date *4/6/00*

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
<i>President</i>	<i>Brenda Steinhoff</i>	<i>16139 4TH STE</i>	<i>REDINGTON BEACH FL</i>
		<i>REDINGTON BEACH</i>	<i>33708</i>
		<i>FL 33708</i>	

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:

Brenda Steinhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21 - 2000
Date

727-392-8959
Daytime Phone #