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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 29 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/02/07--01009--018 **450.00

REINSTATEMENT
05-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 96 0000 88685
1. Corporation Name
CND CORPORATION

2. Principal Office Address - No P.O. Box # 401 OPA LOCKA BLVD Suite, Apt. #, etc.		3. Mailing Office Address 1000 St. Charles Pl Suite, Apt. #, etc. 710	
City & State Opa Locka, Fla.		City & State Pembroke Pines, Fla.	
Zip 33054	Country Dade	Zip 33026	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida
10/28/96

5. FEI Number
65-0709684

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
David Morgan

Street Address (P.O. Box Number is Not Acceptable)
1000 St. Charles Pl

Suite, Apt. #, Etc.
710

City
Pembroke Pines

State
FL

Zip Code
33026

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
David Morgan

Date
1-25-07

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
Pres	David Morgan	1000 St. Charles Pl - 710	Pembroke Pines, Fl. 33026
Sec.	Carol Morgan	1000 St. Charles Pl 710	Pembroke Pines, Fl. 33026

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 contained in Chapter 119, 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: Carol Morgan Carol Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1-25-07

Daytime Phone #
888-626-6580

Zofz

CND CORPORATION
401 Opa Locka Blvd.
Opa Locka, Fla. 33054

Jan.25, 2007

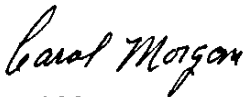
UNIFORM BUSINESS REPORT
Division of Corporations
P. O. Box. 1500
Tallahassee, Fla. 32302-1500

Dear Sir or Madam:

Since I never received a notice that my 2005, 2006 or 2007 Uniform Business Report was due, I would like to request a relief from the \$1050.00 filing fee that is now due. I am enclosing the annual fee of \$150.00 for 2005 , 2006 and 2007.

If you have any additional questions please feel free to contact me at 401 Opa Locka Blvd. Opa Locka, Fla. 33054. Phone # 1-888-626-6580.

Sincerely,



Carol Morgan
CND Corporation