

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -8 AM 8:00

DOCUMENT # P96000102905

1. Corporation Name

CNC HAUS, INC.

2. Principal Office Address

3267 SW 14TH PLACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

Zip

33426

Country

USA

Zip

Country

500021234825

07/01/03--01015--003 **308.75

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/97

5. FEI Number

65-0715363

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

Tibor Krogman

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

6769 Silver Ridge Lane

Suite, Apt. #, Etc.

City

Greenacres

State

FL

Zip Code

33413

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

Ileana Thoen
REGISTERED AGENT MUST SIGN

Tibor Krogman

Date 06/24/03

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

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KROGMAN, TIBOR	6769 SILVER RIDGE LANE	GREENACRES, FL 33413
D	KROGMAN, ILEANA	6769 SILVER RIDGE LANE	GREENACRES, FL 33413

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)(f), 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:

Ileana Thoen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03

Date

(561) 737-1545

Daytime Phone #

CR2E081 (10/02)

In reply to: P 96000102905

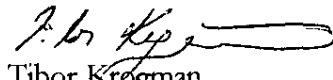
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to let you know we did not receive the pertinent application for the Corporation for the year 2002 and 2003, for which we are asking you to accept the check in the amount of 308.75 that includes the certificate of status.

If you have any question please do not hesitate to let me know (561) 737-1545.

Respectfully,


Tibor Kregman
President
CNC HAUS, INC.