

10/25/2000

12:48

CCRS → 13053720836

NO. 658

003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 30 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008811

1. Corporation Name

C.N.D. Developers, Inc.

2. Principal Office Address

840 West 84 St.

Suite, Apt. #, etc.

3. Mailing Office Address

840 W. 84 Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 29, 1997

5. FEI Number

150787233

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

Celestino Carballo, Jr.

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

15931 NW 83 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Celestino A. Carballo

Date

1-25-2001

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
PD	Celestino Carballo, Jr.	15931 NW 83 Ave.	Miami, FL 33016
VPD	Benny Diaz	7946 E. Drive #307	N. Bay Village, FL 33141

I, 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:

Celestino A. Carballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #