

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000062960</b> 1. Entity Name <b>CINDY CORPORATION</b>						06 MAR 24 AM 11:58 TALLAHASSEE REINSTATEMENT 05-06	
Principal Place of Business <b>1700 N.W. 2ND COURT MIAMI, FL 33136</b>				Mailing Address <b>7606 N.W. 17TH AVENUE MIAMI, FL 33147</b>			
2. Principal Place of Business		3. Mailing Address		 03182006 REIN-P CR2E098 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>65-0845363</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAMHAN, KHAMIS 9531 FOUNTAINBLEAU BOULEVARD BUILDING 10, APT. 501 MIAMI, FL 33172</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <b>03/18/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>KHALAF, KHALIFEH</b> STREET ADDRESS <b>7606 N.W. 17TH AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33147</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>000070812840</b> <b>04/18/06--01043--003 ***300.00</b>			
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>KHALAF, KHALIFEH</b> STREET ADDRESS <b>7606 N.W. 17TH AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33147</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>03/18/06</b> <small>Daytime Phone #</small>			