

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 AM 9:52

DOCUMENT # **P98000053917**

1. Corporation Name

CBA PROMOTION & DEVELOPMENT, INC.

Principal Place of Business

6300 N.E. FIRST AVENUE
SUITE 101
FT LAUDERDALE FL 33334
US

Mailing Address

6300 N.E. FIRST AVENUE
SUITE 101
FT LAUDERDALE FL 33334
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1998

5. FEI Number

65-0843365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WOLF, CHRISTOPHER	1633 BERKELEY STREET, #2	SANTA MONICA CA 90404
ST	ISSER, DOROTHY E	8200 SW 27TH PL	FORT LAUDERDALE FL 33328

200004703722--9
12/04/01 01033-001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ISSER, DOROTHY E
6300 N.E. FIRST AVENUE
SUITE 101
FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-9-01

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-01

Date

954.771-4454
Daytime Phone #

CR2ED40 (8/01)