

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

Mailing Address

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

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.

**REINSTATEMENT 01**

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0843365

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

9. Name and Address of New Registered Agent

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

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

*[Handwritten 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:

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

11-9-01

Date

954.771-4454

Daytime Phone #

CR2ED40 (8/01)