

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089333

1. Corporation Name

C.N. PROFESSIONAL SERVICES, INC.

2. Principal Office Address

941 PICKFAIR TERRACE

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

USA

3. Mailing Office Address

941 PICKFAIR TERRACE

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3539050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200008966942
11/13/02--01046--021 **458.75

7. Name and Address of Current Registered Agent

Name

CHRISTINE NGUYEN

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

941 PICKFAIR TERRACE

Suite, Apt. #, Etc.

City

LAKE MARY

State
FL

Zip Code

32746

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

REGISTERED AGENT MUST SIGN

Date 11/6/2002

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
D/P	CHRISTINE NGUYEN	941 PICKFAIR TERRACE	LAKE MARY, FL. 32746

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/2002 407-321-228-5626

Date

Daytime Phone #

CR2E081 (9/01)

C.N. Professional Services, Inc.
941 Pickfair Terrace
Lake Mary, FL. 32746


November 6, 2002

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

To Whom It May Concern:

Enclosed is Corporation Reinstatement Form -2002, we never received any rejection letters or any previous notifications relating to renewal. I am also including payment for \$450.00 to cover charges for reinstatement. Please consider our request of penalties cancellation due to the above facts. Thank you for attention in this matter.

Yours truly,


Christine Nguyen
President