

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2001
APPLICATION
FOR
REINSTATEMENT
UBR



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 AM 10:49

DOCUMENT # 850512

1. Corporation Name
CMS INVESTMENT RESOURCES, INC.

700004733157--7
-12/19/01--01059--018
****158.75 ****158.75

Principal Place of Business Mailing Address
1926 ARCH STREET PHILADELPHIA PA 19103
1926 ARCH STREET PHILADELPHIA PA 19103
c/o Donna Becker



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

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. City & State Zip Country
c/o Donna M. Becker
1926 Arch Street
Philadelphia PA
19103 US

4. Date Incorporated or Qualified To Do Business in Florida 09/29/1981
5. FEI Number 23-2174789 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$9.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SILBERBERG, PAUL	151 CHERRY LANE	WYNNEWOOD PA 19096
C	SOLOMON, MARK	429 DOVE LAKE ROAD	BRYN MAWR PA 19010
VT	LANDMAN, WILLIAM	1926 ARCH ST	PHILADELPHIA PA 19103
VS	MITCHELL, RICHARD	1926 ARCH ST	PHILADELPHIA PA 19103
VS	KINZIG, CARYN	1926 ARCH ST	PHILADELPHIA PA 19103
VS	WELCH, INGRID	1926 ARCH ST	PHILADELPHIA PA 19103

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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: VickiAnn Owens (Special Assistant Secretary) Date: 11/14/01
REGISTERED AGENT MUST SIGN

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: Richard A. Mitchell 10/18/01 215-246-3017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Vice President

CR2E040 (8/01)

292

December 12, 2001

VIA OVERNIGHT DELIVERY

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attn: Reinstatement Division, Brenda Tadlock

**Re: CMS Investment Resources, Inc.
Document #850512**

To whom it may concern:



CMS COMPANIES
1926 ARCH STREET
PHILADELPHIA, PA
19103-1484
TELEPHONE:
(215) 246-3000
FAX: (215) 246-3083
cmsco@cmsco.com

Florida's Form Application for Reinstatement for CMS Investment Resources, Inc. was delivered by overnight delivery on October 12, 2001, along with check no. 03751 for \$758.75. The fees represented the standard Annual Report Fee, Corporate Supplemental Fee (Profit Corporations only), Certificate of Status fee, and Reinstatement fee. Our notice was returned by the Department, most recently received today.

We do not believe we should be responsible for the \$400.00 late fee or the \$600 reinstatement fee due to non-receipt of any prior uniform business reports (UBR) for this company. The original check for \$758.75 is still enclosed, and a new check for \$158.75 is also enclosed representing the fees reduced by the reinstatement fee. Please use whichever one you require and return the unused check in the enclosed self-addressed, stamped envelope. Thank you for your help.

Please do not hesitate to contact me with any questions or concerns.

Sincerely,

CMS COMPANIES

Donna M. Becker
Compliance Officer

Direct Dial: (215) 246-3017
Email: dmb@cmsco.com

DMB/003689364
Enclosures