


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F99000003424**

1. Corporation Name  
**CMP, INC.**

FILED  
 01 OCT 22 PM 3:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

9016 WASHINGTON ST., NE- ALBUQUERQUE NM 87443- 9016 WASHINGTON ST., NE ALBUQUERQUE NM 87443



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	4. Date Incorporated or Qualified To Do Business in Florida	07/02/1999
Suite, Apt. #, etc. 901 hamberton NE	Suite, Apt. #, etc. 901 hamberton NE	5. FEI Number	85-0449440
City & State Albuquerque NM	City & State Albuquerque NM	Applied For	Not Applicable
Zip 87107	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	USIAK, WAYNE	1118 LOMA LARGO RD	CORRALES NM 87048
V	CAMPBELL, SEAN	4945 ROSEMARY DR.	ALBUQUERQUE NM
S	GLADYSZ, PAUL	8209 EAGLEROCK AVE., NE	ALBUQUERQUE NM

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 \*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

C T Corporation System

Signature of Registered Agent By: Candice Maerz, Asst. Secy. REGISTERED AGENT MUST SIGN Date 10/18/01

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 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)(f), 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] Date 10/16/01 Daytime Phone # 5056220471

CR2E040 (8/01)