

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 06, 2004  
Secretary of State**

DOCUMENT# P03000045633

Entity Name: CMCS, INC.

**Current Principal Place of Business:**

550 NORTH REO ST STE 300  
TAMPA, FL 33609

**New Principal Place of Business:**

550 NORTH REO ST STE 300  
TAMPA, FL 33609 US

**Current Mailing Address:**

550 NORTH REO ST STE 300  
TAMPA, FL 33609

**New Mailing Address:**

550 NORTH REO ST STE 300  
C/O ERNEST J. MARQUART  
TAMPA, FL 33609 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARQUART, ERNEST J  
101 E KENNEDY BLVD STE 2800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      CEO                                      ( ) Change (X) Addition  
Name:                                      WATERS, JOANNE  
Address:                                      550 NORTH REO ST. SUITE 300  
City-St-Zip:                                      TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE WATERS

CEO

10/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date