

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
1998 FOR AR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 NOV 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 404073

1. Corporation Name

COMMERCIAL BUSINESS MACHINES, INC.

Principal Place of Business

Mailing Address

1416 NE 4TH AVE
FT LAUDERDALE FL 33304

1416 NE 4TH AVE
FT LAUDERDALE FL 33304

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

06/29/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1400926

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SANTESE, ARMANDO	1416 N E 4TH AVE	FT LAUDERDALE, FL 00000

200002700932--1
-12/02/98--01093--034
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANTESE, ARMANDO
1416 NE 4TH AVENUE
FT. LAUDERDALE FL 33304

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

Armando B. Santese
REGISTERED AGENT MUST SIGN

Date *X* 11-13-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-98

CR2E040 (\$98)



Division of Corporations
Annual Report/ Reinstatement Statement
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To whom it may concern,

- Enclosed please find a check in the amount of \$150.00. for our annual renewal fee.
- we never received any notice to pay this fee until today. I called immediately to find out what had happened and was relieved to be informed that this one time only we would not be penalized, as per Mrs. Trevor.

Thank you sincerely,

A handwritten signature in cursive script, reading "Armondo B. Santese".

Armondo B. Santese
President