

"1996"

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**about AR**

APPLICATION FOR REINSTATEMENT OF STATUS  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # 018544

1. Corporation Name  
**C & M BUILDERS, INC.**

Principal Place of Business Mailing Address  
 1520 Neptune Drive  
 Suite D  
 Boynton Beach, Florida 33426

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**97 JUN -5 AM 9:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

4. Date Incorporated or Qualified To Do Business In Florida  
 4/24/79

5. FEI Number  
 59 1910975

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D	Courchesne, Yves	301 Oregon Lane	Boca Raton, Fla. 33487
V/S/D	Courchesne, Barbara	301 Oregon Lane	Boca Raton, Fla. 33487
			400002207004--5 -06/10/97--01017--009 ****382.50 ****382.50

8. Name and Address of Current Registered Agent  
 Courchesne, Yves  
 301 Oregon Lane  
 Boca Raton, Florida 33487

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: *[Signature]* Date: 5/30/97  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* Date: 5/30/97 561-735-9030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Yves Courchesne, President Daytime Phone #

CR2E040 (12/95)

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**C & M BUILDERS, INC.**  
**1520-D Neptune Drive**  
**Boynton Beach, FL 33426**  
**(561) 735-9030 / fax (561) 731-0309**

May 30, 1997

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Annual Corporate Report 1996 and 1997  
Federal Id: 59-1910975

To Whom It May Concern:

Per my conversation with Bonnie from your department on May 28th I was given the phone number to reactivate C & M Builders, Inc. that should have never been dissolved 8/23/96. Our address was incorrect on your 1995 Certificate (document no. 618544) causing a problem in us receiving the application to renew. Please see a copy showing the town and zip code incorrect. I am enclosing check number 7455 in the amount of \$382.50 This is for the year 1996 and 1997 in the amount of \$365.00 plus \$8.75 each for the certificates (1996 - \$200.00 & 1997 - \$165.00).

Sincerely,



Mary Ann Churchill, Bookkeeper