

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -9 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 669151

1. Corporation Name

CONTRACT MANAGEMENT COMPANY OF FLORIDA, INC.

2. Principal Office Address

5612 Piney Lane Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL 33625

Zip

33625

Country

USA

3. Mailing Office Address:

P.O. Box 2298

Suite, Apt. #, etc.

City & State

LaBelle, FL 33975-2298

Zip

33975-2298

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1980

5. FEI Number

59-1981878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MUSKELLEY, BARBARA

Street Address (P.O. Box Number is Not Acceptable)

5612 PINEY LANE DR.

Suite, Apt. #, Etc.

City

TAMPA, FL 33625

State

FL

Zip Code

33625

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara H. Muskelle

REGISTERED AGENT MUST SIGN

Date

5-7-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P/D

MUSKELLEY, BARBARA

5612 PINEY LANE DR.

TAMPA, FL 33625

S/T

WILLARD, BARBARA

381 SR 80 W

LA BELLE, FL 33975-2298

10. 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:

Barbara H. White Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/01

(727) 772-9259

Daytime Phone #

CR2E081 (9/00)