

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000005174

1. Corporation Name

CMS BAYSHORE CORP.

Principal Place of Business

Mailing Address

C/O CMS AFFILIATED PARTNERSHIPS  
ONE BALA PLAZA, SUITE 412  
BALA CYNWYD PA 19004

C/O CMS AFFILIATED PARTNERSHIPS  
ONE BALA PLAZA, SUITE 412  
BALA CYNWYD PA 19004

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/2001

5. FEI Number

23-3095648

Applied For

Not Applicable

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	4 City / State / Zip
P	SILBERBERG, PAUL	ONE BALA PLAZA, SUITE 412	BALA CYNWYD PA 19004
VAS	WELCH, INGRID R	ONE BALA PLAZA, SUITE 412	BALA CYNWYD PA 19004
VS	MITCHELL, RICHARD A	ONE BALA PLAZA, SUITE 412	BALA CYNWYD PA 19004
CD	SOLOMON, MARK I	ONE BALA PLAZA, SUITE 412	BALA CYNWYD PA 19004
500026137975 01/06/04--01045--002 **150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOWNING, GRANT T  
222 WEST COMSTOCK AVE., SUITE 101  
WINTER PARK FL 32789

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

*VickiAnn Owens*

REGISTERED AGENT MUST SIGN

VickiAnn Owens  
Special Assistant Secretary

Date

10/30/03

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 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:

*Signe R. Wells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03  
Date

215-246-3023  
Daytime Phone #



REINSTATEMENT 03

FILED

03 DEC 26 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

December 22, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Justin Shivers

**Re: Certificate of Reinstatement of CMS Bayshore Corp.**

Dear Mr. Shivers:

**CMS**

CMS COMPANIES  
1926 ARCH STREET  
PHILADELPHIA, PA  
19103-1484  
TELEPHONE:  
(215) 246-3000

FAX: (215) 246-3083  
cmsco@cmsco.com

CAPITAL MANAGEMENT  
SYSTEMS, INC.

CMS  
INVESTMENT RESOURCES, INC.  
Securities offered through  
CMS Investment Resources, Inc.  
Member NASD

CMS FUND ADVISERS, INC.

I recently received a return notice from you regarding a Certificate of Reinstatement of CMS Bayshore Corp. ("Certificate") for failure to enclose a \$500 late fee. As I mentioned to Tina from your office, we did not receive the initial notice of revocation from the Department and were not made aware of the fact that our annual filing/fees were late. At Tina's suggestion, I am re-sending the Certificate and check and requesting that the Department kindly waive the late fee and reinstate CMS Bayshore Corp.

Thank you for your attention to this matter and I look forward to receiving verification of reinstatement. Please call me should you have any questions.

Very truly yours,

CMS INVESTMENT RESOURCES, INC.



Richard A. Kwiat  
Counsel

Direct Dial: (215) 246-3053  
E-Mail: [rak@cmsco.com](mailto:rak@cmsco.com)

Enclosures