

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 # **F02000001670**

1. Corporation Name

CMS OAKLEIGH 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

04/04/2002

5. FEI Number

APPLIED FOR

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | SILBERG, PAUL | ONEBALA PLAZA, SUITE 412 | BALA CYNWYD PA 19004 |
| VTD | LANDMAN, WILLIAM A | ONEBALA PLAZA, SUITE 412 | BALA CYNWYD PA 19004 |
| V | MITCHELL, RICHARD A | ONEBALA PLAZA, SUITE 412 | BALA CYNWYD PA 19004 |
| VAS | LUTES, JOSEPH W | ONEBALA PLAZA, SUITE 412 | BALA CYNWYD PA 19004 |
| VASD | ROTTER, JEFFREY M | ONEBALA PLAZA, SUITE 412 | BALA CYNWYD PA 19004 |
| VAS | WELCH, INGRID R | ONEBALA PLAZA, SUITE 412 | BALA CYNWYD PA 19004 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State

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. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/03

215-246-3880

FILED
03 DEC 26 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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 Oakleigh Corp.

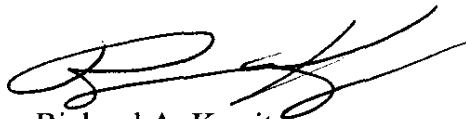
Dear Mr. Shivers:

I recently received a return notice from you regarding a Certificate of Reinstatement of CMS Oakleigh 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 Oakleigh 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. Kwait
Counsel

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

Enclosures

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.