

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 FEB -3 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002157

1. Corporation Name

C.P. GROUP OF MARYLAND, INC.

Principal Place of Business

~~10 LAW OFFICE OF PETER ANGELOS~~
~~300 EAST LOMBARD ST., 10TH FL.~~
BALTIMORE MD 21202

Mailing Address

~~10 LAW OFFICE OF PETER ANGELOS~~
~~300 EAST LOMBARD ST., 10TH FL.~~
BALTIMORE MD 21202



REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~10~~ *10* ~~Lowell Bowen - Niles Stockbridge~~

Suite, Apt. #, etc.
10 Light Street

City & State
Baltimore, MD

Zip Country
21202-1487

3. New Mailing Office Address, If Applicable

~~10~~ *10* ~~Lowell Bowen - Niles Stockbridge~~

Suite, Apt. #, etc.
10 Light Street

City & State
Baltimore, MD

Zip Country
21202-1487

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1996

5. FEI Number

52-1934801

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DCS	CLANCY, TOM	300 E. LOMBARD ST., 10TH FL. <i>10 Light St.</i> <i>10 L. Bowen</i>	BALTIMORE MD 21202
DPT	PIECZENIK, STEVE	300 E. LOMBARD ST., 10TH FL. <i>4731 Essex Avenue</i>	BALTIMORE MD 21202

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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 corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Judith S. Blancett* Judith S. Blancett, *asst. secy.*

Date *2/3/98*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)