

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

97 NOV -3 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003318

1. Corporation Name
CP&S ASSET CORP.

Principal Place of Business
951 CLINT MOORE RD
BOCA RATON FL 33487

Mailing Address
~~951 CLINT MOORE RD~~
~~BOCA RATON FL 33487~~



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/28/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		06-1363127	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	PARKES, RICHARD	9 IMPERIAL LANDING	WESTPORT CT 06880
DVS	SCHENMAN, STANLEY	951 CLINT MOORE RD.	BOCA RATON, FL 33487
	DELETER	828 COMPO RD S	WESTPORT CT 06880
D	DUNN, SCOTT C	126 DRAKE SMITH LN	RYE NY 10580
T	GREENBERG, WILLIAM	2 TWIN FAWN LN	POUND RIDGE NY 10576
	GREENWOOD, WILLIAM		

REINSTATEMENT

8000002340968-5
1120670701121-013
***758.75

A. Man
11/3/97

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
	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

Barbara A Burke

BARBARA A. BURKE
SPECIAL ASSISTANT

Date

10/30/97

REGISTERED AGENT MUST SIGN

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:

W. Greenwood

WILLIAM GREENWOOD

Date

Daytime Phone #

102897 203 8346363

CR2E040 (8/97)