

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -3 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F96000003318

1. Corporation Name

CP&S Asset Corp.

000007633590--0
-09/10/02--01042--019
***1058.75 ***1058.75

2. Principal Office Address

951 Clint Moore Road

Suite, Apt. #, etc.

Suite A

City & State

Boca Raton, Florida

Zip

33487

Country

USA

3. Mailing Office Address

951 Clint Moore Road

Suite, Apt. #, etc.

Suite A

City & State

Boca Raton, Florida

Zip

33487

Country

USA

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 28, 1996

5. FEI Number

061363127

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

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 East park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Signature of
Registered Agent

BY:

Alison Home

REGISTERED AGENT MUST SIGN

Date

9/3/02

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
Dir&Pres.	Richard Parkes	951 Clint Moore Road, Suite A	Boca Raton, FL 33487
Dir. Treasurer Sec.	Scott C. Dunn	951 Clint Moore Road, Suite A	Boca Raton, FL 33487
Asst. Sec.	Susan Clark	951 Clint Moore Road, Suite A	Boca Raton, FL 33487

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:

Susan Clark

Susan Clark-Assistant Secretary 8/27/02 203-356-9280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

9/3/02