

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 27 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 9700000 4080

1. Corporation Name
CPC of America, Inc.

2. Principal Office Address
6336 - 17th St

3. Mailing Office Address

Suite, Apt. #, etc.
E

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

Zip
34243

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 08/04/1997

5. FEI Number
11-3320709

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

Name
Cindy Birkhold - Sharp Accounting Service

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

780855410767
05/27/05--01045--007 **1200.00

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34236

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

Signature of
Registered Agent

Cindy Birkhold

REGISTERED AGENT MUST SIGN

Date 5/24/05

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
PTD	Rod A. Shipman	6336 - 17th St.	Sarasota, FL 34243
CEO	Rod A. Shipman	6336 - 17th St.	Sarasota, FL 34243
DT	Rafe Cohen	15060 Ventura Blvd, STE 350	Sherman Oaks, CA 91403
D	William C. Lievense	6336 - 17th St.	Sarasota, FL 34243

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:

R. A. Shipman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/05)