

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 JUN -3 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H08490**

1. Corporation Name
CM 37, Inc.

Principal Place of Business: **P.O. Box 1399 Winter Haven, FL 33882-1399**
 Mailing Address: **P.O. Box 1399 Winter Haven, FL 33882-1399**

REINSTATEMENT

9598
 AD

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

2. New Principal Office Address, If Applicable 14900 Camp Mack Road Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 14900 Camp Mack Road Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida June 18, 1984	
5. FEI Number 592641892		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
PTD	Pate M. Snively	14900 Camp Mack Road	Lake Wales, FL 33853
VSD	William H. Snively	14900 Camp Mack Road	Lake Wales, FL 33853

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 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent Pate M. Snively 14900 Camp Mack Road Lake Wales, FL 33853		9. Name and Address of New Registered Agent Name: Pate M. Snively Street Address (P.O. Box Number is Not Acceptable): 14900 Camp Mack Road Suite, Apt. #, Etc.: City: Lake Wales State: FL Zip Code: 33853	
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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: *Pate M. Snively* Date: **5-28-98**
Pate M. Snively 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: *Pate M. Snively* Date: **5-28-98** Daytime Phone #: **941-696-1108**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Pate M. Snively**

CPRE040 (1-98)