

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33834

1. Corporation Name

CML COMMUNICATIONS, INC.

2. Principal Office Address - No P.O. Box #

710 S.W. 28th Street

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country

Okeechobee

3. Mailing Office Address

710 S.W. 28th Street

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country

Okeechobee

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12/12/1984

5. FEI Number

59-2501886

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

Kathryn Briney

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

710 S.W. 28th Street

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

400279178774

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

Kathryn Briney

Date

11/13/15

REGISTERED AGENT MUST SIGN

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
P/D	Kathryn Briney	710 S.W. 28th Street	Okeechobee, FL 34974

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kathryn Briney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/15

Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 873069 10234A

AUTHORIZATION :

COST LIMIT : \$750.00

ORDER DATE : November 16, 2015

ORDER TIME : 9:42 AM

ORDER NO. : 873069-005

CUSTOMER NO: 10234A

DOMESTIC FILINGS

NAME: CML COMMUNICATIONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
15 NOV 16 AM 10:55
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING