

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H38209

1. Corporation Name

C.M.A. SERVICES, INC.

Principal Place of Business

1700 UNIVERSITY DR #101
CORAL SPRGS FL 33071
US

Mailing Address

1700 UNIVERSITY DR #101
CORAL SPRGS FL 33071
US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

1999 UNIVERSITY DR.

Suite, Apt. #, etc.

3RD Floor

City & State
CORAL SPRINGS, FL

Zip

33071

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1985

5. FEI Number

59-2494307

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	NATELSON, ROBERTA	207 HOLIDAY DR.	HALLANDALE FL
D	SLOVITT, EDWIN	3560 N 54TH AVE	HOLLYWOOD FL

700023983557
10/21/03--01127--011 **150.00

8. Name and Address of Current Registered Agent

SLOVITT, EDWIN
1700 UNIVERSITY DR
STE 101
CORAL SPRING FL 33071

9. Name and Address of New Registered Agent

Name

EDWIN SLOVITT

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

1999 UNIVERSITY DR.

Suite, Apt. #, Etc.

3RD Floor

City

CORAL SPRINGS,

State

FL

Zip Code

33071

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. or 617.0505, F.S.

Signature of
Registered Agent

SLOVITT, EDWIN
REGISTERED AGENT MUST SIGN

Date

10/13/03

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

800-546-4406
X 8244

CR2E040 (7/03)



Ed Slovitt, CLU, ChFC

Chartered Life Underwriter, Chartered Financial Consultant

A Complete Portfolio of Life Products
Estate Analysis • Mutual Funds
Group Health Insurance
Annuities • 419 Plans

1999 University Drive, 3rd Floor
Coral Springs, FL 33071-8918
Nat'l: 800-546-4406
954-796-9611
Extension 8244
Fax: 954-752-8822

October 13, 2003

To, State of Florida

Ref: Reinstatement of CMA Services

Please be advised that the renewal notice for CMA Services was never received on time. We had relocated to 1999 University Drive, Coral Springs that was only two blocks away, both it was never forward. Enclosed is our check for \$ 150. for reinstatement.

Thank you

Edwin Slovitt
Vice President
Registered Agent
CMA services, Inc