

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 19 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 22852

1. Corporation Name

CM SUPPLY, INC.

8574 NW 61 ST

2. Principal Office Address

3. Mailing Office Address

8574 NW 61 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 207

UNIT 207

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33166

USA

33166

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/16/1989

5. FEI Number

650168293

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

MONES, ULISES

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

14632 SW 52 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

200043300472
12/03/04 01031-003 **158 75

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

Ulises Mones

REGISTERED AGENT MUST SIGN

Date 11/18/2004

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	MONES, ULISES	14632 SW 52 ST	MIAMI, FLORIDA 33175

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:

Ulises Mones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2004

Date

Daytime Phone #

305-471-0919

CR2E001 (01/04)

CM SUPPLY, INC.
8574 NW 61 ST
UNIT 207
MIAMI, FLORIDA 33166

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November 15, 2004

Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

Re: Document # L 22852

Please note that we try to open a bank account, when we were informed that our corporation was not active.

We did not receive the annual report form, and therefore we did not renew the corporation.

Enclosed please find check for \$158.75 to cover for the renewal and the certificate of status.

I do appreciate your help in this matter

Yours truly,



Ulises Mones
President