

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

1. DOCUMENT # L99000008315

Name and Mailing Address

0016603 01 MB 0.309 \*\*AUTO T1 0 0615 63146-352689



CMS MIDWEST, L.L.C.  
11689 LACKLAND BLVD.  
ST. LOUIS MO 63146-3526



2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/30/1999	
Principal Place of Business 11689 LACKLAND BLVD. ST. LOUIS MO 63146	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 43-1706075	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **PETER F. SOUZA** (Signature) **ASSISTANT SECRETARY** (Title) Date **12/2/03**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	SPEARS, RAYMOND	11689 LACKLAND BLVD.	ST. LOUIS MO 63146
MGR	EIGLES, JACK	11689 LACKLAND BLVD.	ST. LOUIS MO 63146
500024184375 10/28/03--01007--013 **150.00			
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **Signature Required** Date **10/2/03** Daytime Phone # **314-982-6688**

Typed or printed name of signing Managing Member/Manager