

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82676

1. Corporation Name

C2M CONTRACTORS, INC

50 SEP -8 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4100 N.E. 2ND AVENUE SUITE 309
MIAMI, FLORIDA 33137

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0230155

Applied for

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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

P/S/T/D JEAN-ROBERT SICLAIT 4100 N.E. 2ND AVE #309 MIAMI, FLA 33137

200002639162--1

-09/15/98--01006--021

****908.75 ****908.75

JP
9-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JEAN-ROBERT SICLAIT

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

4100 N.E. 2ND AVENUE

Suite, Apt. #, Etc.

SUITE 309

City

MIAMI

State
FL

Zip Code

33137

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

[Signature]

JEAN-ROBERT SICLAIT

REGISTERED AGENT MUST SIGN

Date 8/31/98

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:

[Signature]

JEAN-ROBERT SICLAIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/98

Date

(305) 573-8833

Daytime Phone #