

Dec 14, 2004 5:11PM

ACCOUNTING OFFICES

No. 5501 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 DEC 17 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020672

1. Corporation Name

C & S Construction Management Services, Inc.

2. Principal Office Address

6806 Villas Drive East

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/2000

5. FEI Number

650985930

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

Charles E. Carmichael

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

6806 Villas Drive East

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Charles E. Carmichael

Date 12-14-04

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
PT	Charles E. Carmichael	6806 Villas Drive East	Boca Raton, FL 33433
VPS	J. Sharlene Carmichael	6806 Villas Drive East	Boca Raton, FL 33433

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:

Charles E. Carmichael

Charles E. Carmichael 12/14/04 (561)-417-7873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E31 01/04