

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 22 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073968

1. Corporation Name

CMB MANAGEMENT INC.

Principal Place of Business

Mailing Address

~~790 16TH AVENUE SOUTH~~  
~~ST. PETERSBURG FL 33701~~

~~790 16TH AVENUE SOUTH~~  
~~ST. PETERSBURG FL 33701~~



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

07/31/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3663023

Not Applicable

City & State

City & State

St. Petersburg FL  
33712 USA

St. Petersburg, FL  
33712 USA

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
P	CUNNINGHAM, TIMOTHY	790 16TH AVENUE SOUTH	ST. PETERSBURG FL 33701
<del>I</del>	<del>CUNNINGHAM, EARNESTINE</del>	<del>1301 54TH AVENUE SOUTH</del>	<del>ST. PETE FL 33705</del>
T	Beraldine Daniels	2314 Trephine Dr South	St. Pete, FL 33712

3000005389409-4  
-04/30/02--01016--019  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUNNINGHAM, TIMOTHY

~~790 16TH AVENUE SOUTH~~

~~ST. PETERSBURG FL 33701~~

Name

Timothy Cunningham

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

2306 Trephine Dr. South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33712

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

Date

10-16-01

REGISTERED AGENT MUST SIGN

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:

Timothy Cunningham 10-16-01 727-410-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (801)

To: The Department OF state  
From: Tim Cunningham  
President of CMIB Management Inc.

Concerning:  
Application for Reinstatement.

I am sorry to say that some of my company mail was being sent to a previous address.

The person living at that address was finally able to catch-up to me and she gave me a year's worth of mail, including my Application For Reinstatement.

Please except my updated Application along with my money order for \$300.00 and reinstate my company asap.

Thankyou  
