

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT #

P01000005648

1. Corporation Name

CMI Investors, Inc.

2. Principal Office Address

2510 Summitview Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2510 Summitview Dr.

Suite, Apt. #, etc.

City & State

Lakeland Fla.

City & State

Lakeland Fla.

Zip

33813

Country

Polk

Zip

33813

Country

Polk

700008732927  
10/31/02--01099--004 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/2001

5. FEI Number

☒ 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

ARNIE SMITH

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

2510 Summitview Dr.

Suite, Apt. #, Etc.

City

Lakeland

State  
FL

Zip Code

33813

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

*Arnie Smith*

REGISTERED AGENT MUST SIGN

Date OCT 17-02

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
D	Arnie Smith	2510 Summitview Dr.	Lakeland Fla. 33813

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:

*Arnie Smith* Arnie Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(863) 644-3745

Daytime Phone #

CR2E081 (8/01)

11/6/02 CW

2  
October 17, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

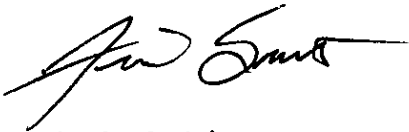
Dear Sir or Madam:

It has come to my attention after reviewing our annual files that we did not receive the paperwork for our annual report. After researching this matter we realized that the address listed was incorrect and we would not have received these forms. I am enclosing the completed form for reinstatement and asking that you please waive the reinstatement fee and accept the regular fee of \$150.00 due to not receiving the annual form. I am requesting that you please change the address listed to:

2510 Summitview Drive  
Lakeland, FL 33813

Thank you for your help in this matter.

Sincerely,



Arnie Smith  
CMI, Investors, Inc.

Enclosure

AS:jds