PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 OCT 31 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057980

1. Corporation Name

COMMUNITY ACCOUNTING & MANAGEMENT SERVICES PLUS, INC.

Principal Place of Business	Mailing Address
17843 WINTERHAWK JUPITER FL 33478	17843 WINTERHAWK JUPITER FL 33478

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
2000 N. Florida Mango Rd.	2000 N. Florida Mango Rd.
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: U.S.A.	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/11/2001

5. FEI Number: 65-1121646 ☐ Applied For ☐ Not Applicable

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
~~PD~~	~~JAHN, JOHN C~~	~~17843 WINTERHAWK~~	~~JUPITER FL 33478~~
VD	PADRON, OMAH	1416 TAHOE COURT	LAKE WORTH FL 33461
~~STD~~ PD	FORMAN, KIM C	~~313 N. D STREET~~ 1416 TAHOE COURT	LAKE WORTH FL ~~33460~~ 33461

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8. Name and Address of Current Registered Agent

JAHN, JOHN C
17843 WINTERHAWK
JUPITER FL 33478

9. Name and Address of New Registered Agent

Name: Kim Foose Forman
Street Address (P.O. Box Number is Not Acceptable): 2000 N. Florida Mango Road
Suite, Apt. #, Etc.: Suite 102
City: West Palm Beach State: FL Zip Code: 33409

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/28/02

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: SIGNATURE REQUIRED Kim Forman, Pres. 10/28/02 561-682-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAMS PLUS

October 28, 2002

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. box 6327
Tallahassee, FL 32314-6327

Re: Community Accounting & Management Services Plus, Inc.
Document #P01000057980

Dear Sirs:

Enclosed please find Community Accounting's Application for Reinstatement Annual Report form.

We did not receive any prior communication from your office and would appreciate you waiving the reinstatement fee. As you can see, we bought out our third partner who made himself the registered agent and was getting our mail and not forwarding it, until now.

Per the instructions from your phone line, we have enclosed the $150.00 fee plus a fee for a Certificate of Status.

Thank you for your assistance,

Sincerely,

Omah Padron
Vice President

COMMUNITY ACCOUNTING &
MANAGEMENT SERVICES PLUS, INC.
2000 N. FLORIDA MANGO ROAD, SUITE 102
WEST PALM BEACH, FL 33409
PHONE # 561-682-9393 • FAX # 561-682-9320