

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000021573**

1. Corporation Name

**CMH CONSULTING CORPORATION**

Principal Place of Business

Mailing Address

6701 13TH AVE N  
ST PETERSBURG FL 33710

6701 13TH AVE N  
ST PETERSBURG FL 33710

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

02/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0609806

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TUAZON, MANUEL	6701 13TH AVE N	ST PETERSBURG FL 33710

900024025109  
10/22/03--01069--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUAZON, MANUEL  
6701 13TH AVE N  
ST PETERSBURG FL 33710

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Manuel Tuazon*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/20/07

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:

*Manuel Tuazon*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/07 727-381-6808

CR2E040 (7/03)

October 20, 2003

To Whom It May Concern:

I did not receive the 2003 annual report/uniform business report for this year. This is my first year as a corporation and I travel quite a bit for the company and the notice of administrative dissolution or revocation was just received. I called your automated help line and per instructed I am writing you this letter

Thank you for your cooperation.

Manuel Tuazon

CMH Consulting Corp.

A handwritten signature in black ink, appearing to read 'Manuel Tuazon', with a long horizontal flourish extending to the right.