

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 29 AM 8:00

DOCUMENT # **P02000024311**

1. Corporation Name

CMP FOOD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

400 GOLDEN ISLAND DRIVE
APT. 37
HALLANDALE FL 33009

400 GOLDEN ISLAND DRIVE
APT. 37
HALLANDALE FL 33009

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2002

5. FEI Number

03-0404623

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
P	PASTIU, CALIN	400 GOLDEN ISLAND DRIVE, APT. 37	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PASTIU, MIRCEA
1179 JOHNSON STREET
HOLLYWOOD FL 33019

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-14-2003

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

(954) 453-7427

CMP Food Management Inc.
400 golden Isles Dr. #37
Hallandale Beach Fl., 33009
Oct. 14, 2003

To Whom It May Concern:

I received a second letter saying that my company owes late fees regarding the active status of my corporation. A couple of months ago I received the first letter about the above penalty. I called your office to clear up the situation telling them that I never received the original documentation. I was told that I needed to write a letter explaining the problem and to ask for the fees to be waived. I wrote the letter and sent it along with a check. When I called your office after receiving the second letter I was told that your office never received the letter. My account shows the check was cashed. When I told this to the person that I was speaking on the phone with, She said that she could see that the check was cashed but said there was no letter. She advised my to write another letter explaining what happened and send that back. The first letter asked for the fees to be waived because we never received the filling report. I hope that this matter can be handled and my corporation can be returned to an active status. I greatly appreciate your help with this matter.

Calin M. Pastiu
President

