

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 AM 8:42

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W 0500004119

DOCUMENT # 902000091104

1. Corporation Name  
C.M. Construction Management Services Inc.  
  
1193 SW 133 Place

2. Principal Office Address  
1193 SW 133 Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip  
33184

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 08/21/02

5. FEI Number  
81-056653

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 03-05**

**7. Name and Address of Current Registered Agent**

Name  
Angel E. Milanes

Street Address (P.O. Box Number is Not Acceptable)  
1193 SW 133 Place

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33184

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

REGISTERED AGENT MUST SIGN

Date

**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
Pre/Sec	Angel E. Milanes	1193 SW 133 Place	Miami, FL 33184
V/Pres.	Juan M. Campos	4245 SW 85 Avenue	Miami, FL 33184

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03/08/05--01010--013 \*\*1058.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05 (301) 278-7776  
Date Daytime Phone #

CR2E081 (01/04)