

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 NOV 24 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101721

1. Corporation Name

CML PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~554~~ SOUTH HUNT CLUB BLVD.  
APOPKA FL 32703

~~554~~ SOUTH HUNT CLUB BLVD.  
APOPKA FL 32703



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

425 S. Hunt Club Blvd.

3. New Mailing Office Address, If Applicable

425 S. HUNT CLUB BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/2002

5. FEI Number

72-1535598

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
D	CHABAN, CARLOS M.D.	<del>554</del> SOUTH HUNT CLUB BLVD. 425	APOPKA FL 32703
D	CHABAN, LEONOR	<del>554</del> SOUTH HUNT CLUB BLVD. 425	APOPKA FL 32703
			000024994320 11/25/03--01002--016 **750.00

8. Name and Address of Current Registered Agent

LEFEVRE, KEITH H

225 EAST ROBINSON STREET 157 E. LAKE BRANTLEY  
SUITE 540 LONGWOOD, FL DR  
ORLANDO FL 32779

9. Name and Address of New Registered Agent

Name

(address change only) KHX

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

Keith Lefevre

REGISTERED AGENT MUST SIGN

Date

11-18-2003

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/03

Daytime Phone #

10:07 AM

CR2ED40 (7/03)