

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000115772

1. Entity Name
CMMV AUTO TECHNOLOGIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 17 PM 4:37

Principal Place of Business
187 SW SNAP DRAGON CIR
PORT ST LUCIE, FL 34953

Mailing Address
187 SW SNAP DRAGON CIR
PORT ST LUCIE, FL 34953

2. Principal Place of Business
1990 SW Bay Shore

3. Mailing Address
515 Wright Circle
Vero Beach 32968

Suite, Apt. #, etc.
Blvd

Suite, Apt. #, etc.

12082004 REIN-P CR2E098 (6/04)

City & State
Port St Lucie Fla

City & State
Vero Beach Fla

4. FEI Number
APPLIED FOR ☒ Applied For
Not Applicable

Zip
St Lucie

Zip
32968 Indian River

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERRYMAN, CLIFF
187 SW SNAP DRAGON CIR
PORT ST LUCIE, FL 34953

Change of
Address and
Reinstatement
only

7. Name and Address of New Registered Agent

Name
CLIFF - Cherrman
Street Address (P.O. Box Number is Not Acceptable)
515 Wright Circle
City
Vero Beach FL Zip Code
32968

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
D CHERRMAN, CLIFF C ☐ Delete
STREET ADDRESS
187 SW SNAP DRAGON CIR
CITY-ST-ZIP
PORT ST LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300043484933
12/17/04--01030--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-13-04 772-9187288
12/17/04