

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Reinst.

FILED

05 AUG -9 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06162005 REIN-P CR2E098 (6/04)

4. FEI Number **32-0102440**
Applied For ☐ Not Applicable

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

DOCUMENT # P03000153213			
1. Entity Name CMC CONSTRUCTION OF CENTRAL FLORIDA, INC.			
Principal Place of Business 3600 MICHIGAN AVE. ST. CLOUD, FL 34769		Mailing Address 3600 MICHIGAN AVE. ST. CLOUD, FL 34769	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LACEK, MARTIN 2703 SUMMERFIELD RD. WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name DANIEL CREWS Street Address (P.O. Box Number is Not Acceptable) 3600 MICHIGAN AVE City ST. CLOUD FL Zip Code 34769	
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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 *Daniel B. Crews* **7-22-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, CHRISTINE M <input type="checkbox"/> Delete 3600 MICHIGAN AVE. ST. CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Daniel B. Crews 3600 Michigan Ave. St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MOORE, EDWARD 3261 VILLA WAY ST. CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700058385067 08/09/05--01028--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ROGERS, DANA 3261 VILLA WAY ST. CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WILCOX, DANA 3600 MICHIGAN AVE. ST. CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Daniel B. Crews* **7-22-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #