

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 30 AM 11:07

DOCUMENT # 404000081138

1. Corporation Name

CM Investment Specialists, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900133753749
07/30/08--01021--017 **450.00

2. Principal Office Address - No P.O. Box #

6700 S.W. 40th St.

Suite, Apt. #, etc.

3. Mailing Office Address

1525 Miller Rd.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Coral Gables, FL

Zip

331

Country

Zip

33146

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/2004

5. FEI Number

201160644

Applies For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Careta Medina

Street Address (P.O. Box Number is Not Acceptable)

1525 Miller Road

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Careta Medina

REGISTERED AGENT MUST SIGN

Date

7/24/08

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
P	Olinda Rodriguez	708 Anastasiacue	Coral Gables, FL 33146
VP	Careta Medina	1525 Miller Rd.	Coral Gables, FL 33146
S	Margaret Roberts	5312 S.W. 103 rd St.	Miami, FL 33185

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 contained in Chapter 119, 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:

Careta Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08

Date

Daytime Phone #

786-488-5009