

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

112

DOCUMENT # P05000073098

1. Entity Name
CME CONSTRUCTION, INC.



2006 OCT 20 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7021 PINE HALLOW DRIVE
MT. DORA, FL 32757

Mailing Address
7021 PINE HALLOW DRIVE
MT. DORA, FL 32757

REINSTATEMENT

06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052006

REIN-P

CR2E098 (11/05)

City & State

City & State

4. FEI Number

20-2864534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMEAU, CHARLES M
7021 PINE HALLOW DRIVE
MT. DORA, FL 32757

Name

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

City

FL

Zip Code

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

Charles M. Comeau
Signature, typed or printed name of registered agent and title if applicable.

CHARLES M. COMEAU - PRES.

10/11/06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME COMEAU, CHARLES M
STREET ADDRESS 7021 PINE HALLOW DRIVE
CITY-ST-ZIP MT. DORA, FL 32757 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 700081400097
STREET ADDRESS 10/31/06--01079--018 **158.75
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Charles M. Comeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. COMEAU

10/11/06

467630-6658

Date

Daytime Phone #

10/26/06



7021 Pine Hollow Dr.
Mount Dora, FL 32757

Commercial • Residential
Remodeling • Additions

CHARLES M. COMEAU
Certified Building Contractor



Lic. No. CBC024103
Fax: (407) 834-2688
Cell: (407) 620-6658

Florida Department of State
Division of Corporations
Attn: Reinstatement Section
Tallahassee, FL 32314

2/2
October 10, 2006

To Whom It May Concern:

RE: CME Construction, Inc.
Document # P05000073098
EMP ID # 20-2864534

As per our telephone conversation after I found out that the corporation in reference was administratively dissolved for failure to file the 2006 Annual Report Form.

After talking to you, I went to my file because I was sure that I sent that report, I found a copy that I sent on 3/9/06. Perhaps this is the reason why I did not get any WARNING NOTICE to dissolve or cancel the above corporation. I do not know what went wrong. Please check the files. I incorporated last year May 2005 and I do not wish to dissolve the corporation.

I respectfully request that you reinstate me and WAIVE the fee for reinstatement.

Since our phone conversation I received the reinstatement form, which I am enclosing with the copy of the annual report of 3/8/06 and the check for \$158.75 for filing and the certificate.

Thank you very much for your consideration and attention to this matter.

Sincerely,

Charles M. Comeau