

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 DEC -4 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CM-GL SERVICES, INC. P93000017334

2. Principal Office Address

c/o Manufactured Home Comm.,
Two N. Riverside Plaza
Suite, Apt. #, etc.

SUITE 800

City & State

Chicago, IL 60606

Zip

60606

Country

Cook

3. Mailing Office Address

Inc. c/o MHC, Inc.
Two N. Riverside Plaza
Suite, Apt. #, etc.

SUITE 800

City & State

Chicago, IL 60606

Zip

60606

Country

Cook

REINSTATEMENT 9710

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3168191

Applied 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

LEXIS DOCUMENT SERVICES, INC.

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

3953 WW. Kelley Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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**

Terry Ferentino / c/o Lexis Document Services Inc.

Date 11-22-00

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/D	Gary Powell	8101 E. Prentice Ave., # 702	Englewood, CO 80111
VP/D	Brian Fannon	31700 Middlebelt Road, #145	Farmington Hills, MI 48331
SS/D	Roger Maynard	28050 U.S. Highway 1A N., #406	Clearwater, FL 33761
T/D	Jeffrey P. Jorrisen	31700 Middlebelt Rd., #145	Farmington Hills, MI 48331

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Maynard - Secretary

11/24/00 (727) 797-7674

Date

Daytime Phone #

CR2E081 (9/99)