

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063502

1. Corporation Name

CSM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

350 17TH AV NW
HICKORY NC 28601
US

350 17TH AVE NW
HICKORY NC 28601
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

701 GONT AV SW

3. New Mailing Office Address, If Applicable

JAME

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

City & State

HICKORY NC

City & State

Zip

78602

Country

LISA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1993

5. FEI Number

65-0440968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	MAYER, CHRISTOPHER S	3144 CASSECKY ISLAND	JUPITER FL 33477
		2131 ROLSTON DR	CHARLOTTE, NC
			28207
			800002726928--3
			12/30/98 01087-003
			****750.00 ****750.00
			BR 12/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAYER, CHRISTOPHER S 3144 CASSECKY ISLAND RD JUPITER FL 33477	Name JOSEPH C KEMPE Street Address (P.O. Box Number is Not Acceptable) 1070 E INDIANTOWN ROAD Suite, Apt. #, Etc. SUITE 400 AMERICAN PLAZA City JUPITER State FL Zip Code 33477
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-98

Date

828-345-0021

Daytime Phone #



REINSTATEMENT

98

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2EM40 (9/88)