

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077967

1. Corporation Name

2CM, Inc.

Principal Place of Business

Mailing Address

3124 Broadway

3124 Broadway

Riviera Beach, FL 33404-2324

Riviera Beach, FL 33404

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/10/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0449997

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/D	Chris M. Faber	3124 Broadway	Riviera Beach, FL 33404-2324

4000002955374-6
-08/10/99--01028--012
***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Chris M. Faber

3124 Broadway

Riviera Beach, FL 33404-2324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date 07/30/99

11. This corporation owes 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]

Chris M. Faber, Founder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/99
Date

561.844.1857
Daytime Phone #

KE 8/6/99

CR2E01 (12/98)