	MENT # DOM			FILED				
P9400008035 Entity Name CM SERVICES, INC. rincipal Place of Business 700 S.W. 147TH AVENUE AMI FL 33187 MIAMI FL 33187		000000000	the permittee	03 NOY 21 AM 9:16				
		18700 S.W. 147TH A	VENUE	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal	Place of Purinces	2 Mailing Adding						
Principal Place of Business		3. Mailing Address		REINSTAL WENT 07-03				
Suite, Ap	·	Suite, Apt. #, etc.		·				
City & Sta	ale _	City & State		4. FEI Number 65-0465323 Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of Cur	rent Registered Agent	Name					
CULLEN, JOHN-T			Stirret	Address (P.O. Box Number is Not Acceptable)				
aiami lai								
MAMI LA			City					
	KES FL 33315	nt for the purpose of changin						
The above	KES FL 33315 e named entity submits this stateme Signature, typed or privited name of registered	agent and litte il applicable.	g its registered office	FL Zip Code e or registered agent, or both, in the State of Florida. gualance required when reinstating) DATE				
The above	KES FL 33315 e named entity submits this stateme Signature, typed or privided name of registered poration is eligible to satisfy its Intangrequirement and elects to do soleria on back)	gible FILE NC After May 1	g its registered office	e or registered agent, or both, in the State of Florida. grature required when reinstating) 50.00 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
The above	Exercise the same of the statement of the statement of the same of	gible FILE NC After May 1 Make Check Pa	g its registered office (NOTE: Registered Agent sign WIII FEE IS \$150 2002 Fee will be	e or registered agent, or both, in the State of Florida. guabuse required when reinstating) 10. Election Campaign Financing S550.00 11. Election Campaign Financing Added to Food				
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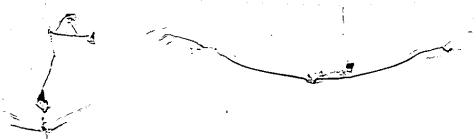
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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	RPORATION STATEMENT	Sec	EPARTMENT OF STATE cretary of State	=					
. Corpora	JMENT# ation Name M SERVICES IN	<u> </u>							
Principa	1 Office Address 60 SW 147th AVE	3. Mailing Office	ME						
	•			4. Date Incor	Date Incorporated or Qualified To Do Business in Florida				
city & State	IAMI F	City & State		5. FEI Numbe	er	65323	Applied F		
331	187 DADE	Zíp	Country	6.		V. 11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Not Appl Additional Feer Certificate of S		
		7. Nam	ne and Address of Current Regis	stered Agent			<u>(140</u> €)0;		
	Name C	 ,	T						
	Street Address (P.O. Box Number is No								
	7411 M	11AMI	LAKES DR	· -					
ļ	Suite, Apt. #, Etc.								
	City MIAMI	LAKes	5		State Zip Code FL 33315				
l, being	appointed the registered agent of the abov	/e named corporatio	on, am familiar with and accept th	e obligations of secti	ion 607.050f	5 or 617.0503, F.S.			
ignature of egistered A					Date _				
		GISTERED AGENT							
Names	and Street Addresses of Each Officer and/	/or Director (Florida							
Titles	Name of Officers and/or Directors		Street Address of Ea Officer and/or Direc		<u> </u>	City / State / 2	Zip		
TP			- 18700 SW-147 AUE		MIAMI F1 33187				
D	Peter C Mos	SCONE -	18700 SW147 AUE		MIAMI FI 33187				
	·								
				!					

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:

IRIS MOSCONE 10/20/03 305-28/-1984



PCM SERVICES INC 18700 SW 147TH AVENUE MIAMI FLORIDA 33187 305-2324733

October 20, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporation Reinstatement

Dear Sir or Madam:

For year 2002 Uniform Business Report, the form was completed and mailed along with a check on 4/15/2002.

After my bank notified me that we were not in compliance, I checked my records and found that the check was never cleared by my bank.

Therefore, I am assuming that is the reason I did not receive a report to file for the 2003 year.

Enclosed please find a signed copy of the "Corporation Reinstatement" form as well as a check for \$150.00 as per the instructions I received when speaking to a representative of your office.

I would appreciate your swift attention to this matter.

hallone

Sincerely,

Iris Moscone Vice President