## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	FILED 05 JAN 13 AM 9:52
DOCUMENT # P9400016948  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Island PA	Cms, Inc.	
2. Principal Office Address 224 Franklin Blud.	3. Mailing Office Address	REINSTATEMENT 94-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
city & State ST. George Island	City & State	5. FEI Number Applied For Not Applicable
Zip 2328 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name ARMISTEAN, WALTER J.		
Street Address (P.O. Box Number is Not Acceptable)  224		
Suite, Apt. #, Etc.		
ST. beoge Island State Zip Code FL 32328		
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	17100	bligations of section 607.0505 or 617.0503, F.S.  Date//// /05
REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)		
Titles Names and Street Addresses of Each Officer and  Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	h City/State/7in
PST ARMISTEAD, WALTER	R J. 224 Frankli	Blud. St. George Island, 21, 32328
		500044606365 01/13/0501057007 **1650,00
		U1/13/U5U1U5/U0/ **1650.00
		500044898365 01/13/0501057008 **8.75
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 filling 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 OF PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR	//11/65 856-927-2495 Date Daytime Phone #