APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

FOR C.M. DISTRIBUTORS, INC. DIVISION					97 JAN 17 PM 2: 49			
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT #P94000093912					SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an			
1. Name a	nd Mailing Address of Corporation: DUCUMEN1	#P940000939	912	below. The amendmen	in Block 1 is incorrect in any wi NAME of the corporation can it.	ty, enter the com be changed only	ect address by filing an	
C.M. DISTRIBUTORS, INC.				Address		· · · · · · · · · · · · · · · · · · ·		
239 N.W. 93 Avenue Coral Springs, FL 33065				17 79 B1	ount Road			
					:0000206!	inan-		
				City and State	-01/22/97	(011720	04 -	
				Zip Code	Beach # 75.00	******> (`	Si. EILI	
2 Date los	ornantad as Outstilled	2 PPINION		33069	/-			
	orporated or Qualified usiness in Florida 12/29/94	4. FEI Number			M FEIN	umber Applied Fo umber Not Applie	or cable	
5. Names	and Street Addresses of Each Officer and/or Director	Stra	et Address of Each		1			
Title 1	Names of Officers 2 and/or Directors) OK	cer and/or Director e Post Office Box Nu	City and State				
D/P/T	ROBERT MARTIN	17. 79 Blou	17.79 Blount Road, #510			FL 3306	59	
D/S	CAROLYN P. MARTIN	17 79 Blou	nt Road, #5	510	Pompano Beach,	FL 3306	59	
			ı			199	5-	
1			מ	EINST	ATEMENT	1994	2	
				Res C		a.lla	W.	
	This corporation has liability for Inta For intangible tax information call D	ingible tax under epartment of Rev	section 199.03 enue 904-488	32, Florida \$ 3-6800.	tatutes Yes	X No	*	
REGISTERED AGENT INFORMATION				7. Name and Address of New Registered Agent				
Name 6. Name and Address of Current Registered Agent				WARTS. FosinThe P.A.				
Str				Street Address (Do NOT Use P.O. Box Number) AVE # 101				
	omas W. Wich, Esq. ch, Wich & Wich, P.A.	Street Address (Do NOT Use P.O. Box Number)						
240	00 E. Commercial Boulevard	Cirg and State			7io Corto			
For	te 620 t Lauderdale, FL 33 308 US	10 mga.			330	19		
8. I, being Signature Registere	g appointed the registered agent of the bove named cor	poration, am familiar with	n and accept the obliq	gations of section	n 607.0505, F.S.	2/10/9	<i>.</i>	
		GISTERED AGENT MU			DBIG	7		
reinstater	y that I am an officer or director or the receiver of trustee nent application the reason for dissiplinion has been elim ration have been paid. The information indicated on this	inated, the corporate nam	ne satisfies the requi	rements of section	on 607.0401 nr 617.0401. E.S	and that all fees	illing this owed by	
Signature Officer or		1 Date /2	-16-96	_ Phone #	954-975-7911	· · · · · · · · · · · · · · · · · · ·		

Typed or printed name of signing officer or director.

ROBERT E. MARTIN, PRESIDENT