

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 NOV -4 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067132

1. Corporation Name

CBM HOME RENOVATING, INC.

Principal Place of Business

1150 25 AVE N
ST. PETE FL 33704
US

Mailing Address

1150 25 AVE N
ST. PETE FL 33704
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1995

5. FEI Number

59-3338254

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)

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
P	MONTGOMERY, CHARLES B	1150 25 AVE N	ST. PETE FL 33704

7000002341967-7
-11/07/97--01102--013
****173.75 ****173.75

7/68
11/4/97

8. Name and Address of Current Registered Agent

ROWE, JAMES C
100 2ND AVENUE SOUTH
SUITE 400N
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

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

James C Rowe

REGISTERED AGENT MUST SIGN

Date 10/28/97

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:

Charles B Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97 813 410 3123
Date Daytime Phone #

CR2E040 (8/97)

(2)

10/28/97

To whom it may concern:

On 10/27/97 I received the enclosed form stating that my corp. had been dissolved. Upon receiving it I contacted my attorney James Rowe (813-822-6000). He contacted your office on my behalf and explained that I failed to receive the needed forms in the mail. The person he spoke to said that it would be ok to send in the regular payment this time, but in the future it would be my responsibility to contact your office to get the form. Enclosed is payment of \$165 plus \$8.75 for Certificate of status.

Thank You

Chuck Montgomery

C 813-410-3123

P 468-3985

H 894-1291