

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -5 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085641**

1. Corporation Name

C.M.H.S Inc.

2. Principal Office Address

6260 wiles Rd

Suite, Apt. #, etc.

102

City & State

Coral Springs FL

Zip

33067

Country

U.S.

3. Mailing Office Address

6260 wiles Rd

Suite, Apt. #, etc.

102

City & State

Coral Springs FL

Zip

33067

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11-06-1995

5. FEI Number

650664920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Catherine M. Stewart 70000530805

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

6260 wiles Rd

Suite, Apt. #, Etc.

102

City

Coral Springs

State

FL

Zip Code

33067

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

Cathne M Stewart

Date **4-2-02**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DCPT	Hugh Stewart	6260 wiles Rd #102	Coral Springs FL 33067
DVS	Catherine M. Stewart	6260 wiles Rd #102	Coral Springs FL 33067

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:

Cathne M Stewart, Catherine M. Stewart 4-2-02 575-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/01)