PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR -2 AM 7:35

DOCUMENT # P95000071184

1. Corporation Name C.F SALES ASSOCIATES, Inc.

Principal Place of Business / Mailing Address
13107 AMBROSE PLACE
RIVERVIEW, FL. 33569

REINSTATEMENT 98 CM

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

2. New Principal Office Address, If Applicable
13107 AMBROSE PL
Suite, Apt. #, etc.
City & State: RIVERVIEW FL
Zip: 33569 Country: USA

3. New Mailing Office Address, If Applicable
13107 AMBROSE PL.
Suite, Apt. #, etc.
City & State: RIVERVIEW FL.
Zip: 33569 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida: NOVEMBER 30, 1995

5. FEI Number: 59-3349031. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	Eileen M. Foley	13107 AMBROSE PL	RIVERVIEW, FL. 33569.

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****900.00 ****900.00

8. Name and Address of Current Registered Agent
Eileen M. Foley.
C.F SALES ASSOCIATES, Inc.
13107 AMBROSE PLACE
RIVERVIEW, FL. 33569

9. Name and Address of New Registered Agent
Name: Eileen M. Foley
Street Address (P.O. Box Number is Not Acceptable): 13107 AMBROSE PL.
Suite, Apt. #, Etc.
City: RIVERVIEW State: FL Zip Code: 33569

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: Eileen M. Foley
REGISTERED AGENT MUST SIGN

Date: 3-29-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for instructions on completing this form)

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., and 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: Eileen M. Foley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-29-99 Daytime Phone: 813-677-4495