

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Hammond
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 996000016106

1. Corporation Name

Communication Manpower, Inc. dba CMI

Principal Place of Business

1555 South Blvd
Chipley, FL 32428

Mailing Address

P.O. Box 1037
Chipley, FL 32428

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

4. Date Incorporated or Qualified To Do Business in Florida

1/31/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3371172

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
P/D	James L. Trawick, Jr.	1340 Piney Grove Road	Chipley, Florida 32428
V/D	James J. Trawick	1693 Hwy 277	Chipley, Florida 32428
S/D	Emma O. Trawick	1340 Piney Grove Road	Chipley, Florida 32428
T/D	Jenee T. Floyd	1902 Limestone Lane	Chipley, Florida 32428
V/D	P. Carlos Trawick	1839 Sweet Bay Road	Chipley, Florida 32428
V/D	Kenneth W. Trawick	1850 Laster Road	Chipley, Florida 32428
V/D	Douglas H. Trawick	620 Candy Kitchen	Chipley, Florida 32428
D	Timothy C. Trawick	1504 Miner Circle	Chipley, Florida 32428

8. Name and Address of Current Registered Agent

Jenee T. Floyd
P.O. Box 1037 (1555 South Blvd.)
Chipley, Florida 32428

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Applicable)

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

Jenee T. Floyd

REGISTERED AGENT MUST SIGN

Date 7/28/98

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Trawick, Jr. - President

7/28/98

Date

(850) 638-0406

Daytime Phone #

CR2E040 (1/98)



Communication Manpower, Inc.

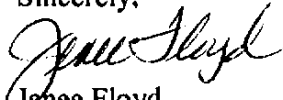
July 17, 1998

To Whom It May Concern:

It has come to our attention that we have failed to file an annual report and have caused our status as a corporation organized in the State of Florida to be dissolved. We have tried our best to comply with all the requirements but did not realize this report had gone undone. Obviously, if we had received the forms we would have prepared them, but they must have been returned due to our address change. In the last year our post office has remodeled and *required* that we change our box number and also 911 implementation in our county required a street address change even though we did not move.

In light of the above, we would greatly appreciate any consideration you give us regarding our reinstatement application.

Sincerely,


Jenee Floyd
Treasurer