

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 NOV 16 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000040421

1. Corporation Name

Contractor Management & Support Services, Inc.

2. Principal Office Address

22045 Aquila Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

Palm Beach

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

5/10/1996

5. FEI Number

650665984

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

Antoinette Santa Barbara

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

223 Goolsby Blvd

Suite, Apt. #, Etc.

City

Deerfield Beach

State

Zip Code

FL 33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505 F.S.

Signature of

Registered Agent

Antoinette Santa Barbara

REGISTERED AGENT MUST SIGN

Date 11/14/06

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
P	Edward Cox	475 Old Chapman Trail	Pickens, SC 29671
S	Antoinette Santa Barbara	223 Goolsby Blvd.	Deerfield Bch. FL 33442

10/31/06 01080-01 \*\*300.00

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 contained in Chapter 119, 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:

Edward Cox EDWARD COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/06

Date

Daytime Phone #

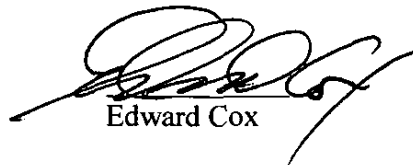
To whom it may concern:

I enclose herein a reinstatement application since for whatever reason I never received a renewal notice and only recently learned that my corporate status had expired. Several months ago When I recently called the Secretary of States office I was told that if I sent a renewal application accompanied with a check for Three Hundred Dollars and a letter of explanation my corporate certificate would be renewed forthwith.

292

Thanks for your assistance and understanding

Sincerely,



Edward Cox