

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

98 OCT -7 PM 12:49

DOCUMENT # P97000089519

1. Corporation Name

CM TREASURE COAST PROPERTIES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~2000 SE Port St., Lucie Blvd.~~
~~Port St., Lucie, FL 34952~~

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

2. New Principal Office Address, If Applicable

8000 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 301

City & State
 Port St. Lucie, Florida

Zip
 34952

Country
 USA

3. New Mailing Office Address, If Applicable

8000 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 301

City & State
 Port St. Lucie, Florida

Zip
 34952

Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida

17, 1997

5. FEI Number

65-0787660

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
P/D	Carmen Bellantoni	8000 S. Federal Hwy., Ste 301	Port St. Lucie, FL 34952

800002665838-7
 -10/16/98--01091--006
 ***1100.00 ***550.00

10-9-98

8. Name and Address of Current Registered Agent

Carmen Bellantoni
 2000 S. E. Port St., Lucie Blvd.
 Port St., Lucie, FL 34952

9. Name and Address of New Registered Agent

Name
 Carmen Bellantoni
 Street Address (P.O. Box Number is Not Acceptable)
 8000 S. Federal Hwy., Suite 301
 Suite, Apt. #, Etc.
 City
 Port St. Lucie
 State
 FL
 Zip Code
 34952

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

[Signature]

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
 Carmen Bellantoni, President

(561) 878-0272

Date Daytime Phone #

CR2E040 (1/98)