

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
30 OCT -7 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098561

1. Corporation Name
CM TREASURE COAST PROPERTIES I, INC.

Principal Place of Business Mailing Address
2000-S.E.-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 Country
34952 USA

3. New Mailing Office Address, If Applicable
8000 S. Federal Hwy.

Suite, Apt. #, etc.
Suite 301

City & State
Port St. Lucie, Florida

Zip Country
34952 USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 17, 1997

5. FEI Number
65-0795151

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	Carmen Bellantoni	8000 S. Federal Hwy.	Port St. Lucie, FL 34952
			300002665823-4
			-10/16/98--01091--006
			1100.00--550.00

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

REGISTERED AGENT MUST SIGN

Date

9-28-98

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

Date

9-28-98

(561) 878-0272

Daytime Phone #

CP2E040 (1-98)