

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -5 PM 3:15

DOCUMENT # **P 98000000 8892**

1. Corporation Name

CJML, Inc.

2. Principal Office Address

6960 Prof. Parkway E.

Suite, Apt. #, etc.

#200

City & State

Sarasota, FL

Zip

34240

Country

USA

3. Mailing Office Address

- same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-28-98

5. FEI Number

65-0809956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400020935954
06/17/03--01065--004 **1350.00

7. Name and Address of Current Registered Agent

Name

Robert S. Kramer

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

6960 Professional Parkway E. #200

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

6-3-03

REGISTERED AGENT MUST SIGN

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
PST	Robert S. Kramer	6960 Professional Prkwy E. #200	Sarasota, FL 34240

REINSTATEMENT 99-03

RB 6/11/03

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 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

6-3-03

Date

941-894-0033

Daytime Phone #

CR2E081 (10/02)