


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 19 AM 10:39	
DOCUMENT # P98000012750					
1. Corporation Name C M C AFFILIATES, INC.					
Principal Place of Business 874 SW 8TH ST. MIAMI FL 33130		Mailing Address 874 SW 8TH ST. MIAMI FL 33130			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 02/09/1998 5. FEI Number 05-0816247 6. <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D	MEDINA, DIEGO A ODOARDO, DENIO	2700 SW 2ND ST. 90 EDGEWATER DR	MIAMI FL 33135 CORAL GABLES FL 33133		
DP	ODOARDO, DENIO	90 EDGEWATER DR.	CORAL GABLES FL 33133		
DVP	COLAS, SUSAN	90 EDGEWATER DR.	CORAL GABLES FL 33133		
DS	LAM, HORTENSIA COLAS, SUSAN	2541 SW 2ND ST. 90 EDGEWATER DR.	MIAMI FL 33135 CORAL GABLES, FL 33133		
				10/10/99	
8. Name and Address of Current Registered Agent COLAS, SUSAN 874 SW 8TH ST. MIAMI FL 33130			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 000003026120--0 -10/27/99--01048--001 ***600.00 State ***600.00 Zip Code FL		
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 <u><i>Susan Colas</i></u> REQUIRED Date <u>10/03/99</u> REGISTERED AGENT MUST SIGN					
11. 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)(l), 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: <u><i>[Signature]</i></u> REQUIRED Date <u>10/03/99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					