APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012750

1. Corporation Name

C M C AFFILIATES, INC.

Principal Place of Business	Mailing Address
874 SW 8TH ST. MIAMI FL 33130	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	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
N/A	N/A	02/09/1998

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
		65-0816247	Not Applicable

City & State	City & State	6.
		CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

Zip	Country	Zip	Country

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 3	City / State / Zip 4
D	ODOARDO, DENIO	90 EDGEWATER DR	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	COLAS, SUSAN	90 EDGEWATER DR	CORAL GABLES FL 33133

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****750.00   ****750.00

8. Name and Address of Current Registered Agent

REINSTATEMENT

COLAS, SUSAN
874 SW 8TH ST.
MIAMI FL 33130

9. Name and Address of New Registered Agent

N/A

Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.

City	State FL	Zip Code

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 _Susan Colas_   Date _Oct 2, 2000_

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)(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: _Susan Colas_   _Oct 2, 2000_ (305)858-3423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/00)

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