

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

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~~



REINSTATEMENT *03 mrs*

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

02/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

861 SW 8 ST.
City & State
Miami, FL

861 SW 8 ST.
City & State
Miami, FL

5. FEI Number *65 0816247*
APPLIED FOR

Applied For

Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
USA

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 3	City / State / Zip 4
D	ODOARDO, DENIO	520 BRICKELL KEY DRIVE A-307	CORAL GABLES FL 33133
DP	ODOARDO, DENIO	90 EDGEWATER DR.	CORAL GABLES FL 33133
DVP	COLAS, SUSAN	90 EDGEWATER DR.	CORAL GABLES FL 33133
V	COLAS, SUSAN	520 BRICKELL KEY DRIVE A-307	CORAL GABLES FL 33133
D	ESMILDO, MACHADO E	874 SW 8TH STREET	MIAMI FL 33131
P	CARMEN, COLAS	520 BRICKELL KEY DRIVE A-307	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLAS, SUSAN
520 BRICKELL KEY DRIVE A-307
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

200023750692

10/13/03--01065--024 **150,00

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-09-03**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENIO ODOARDO

10-09-03

Date

Daytime Phone #

(305)
858-3433

CR2040 (7/03)

October 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: CMC AFFILIATES, INC.
874 SW 8 Street
Miami, FL 33130
Document# P98000012750

We are writing because we did not receive the prior UBR notices. We have received this notice of Dissolution or Revocation, since we did not receive these notices and therefore did not mail you the required fees.

Please waive the reinstatement Fees.

We are enclosing our Application for Reinstatement along with a check for \$150.00.

Sincerely Yours,



Denio Odoardo
Director