

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 16 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038275

1. Corporation Name

CPM WORLDWIDE, INC.

Principal Place of Business

Mailing Address

528 N.W. 77TH STREET
BOCA RATON FL 33487

528 N.W. 77TH STREET
BOCA RATON FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5200 Town Center Circle

3. New Mailing Office Address, If Applicable

5200 Town Center Circle

Suite, Apt. #, etc.

Suite # 525

Suite, Apt. #, etc.

Suite # 525

City & State

Boca Raton, FL.

City & State

Boca Raton, FL.

Zip

33086

Country

USA

Zip

33086

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1998

5. FEI Number

65-0858350

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Tony B. Gelbart	5200 Town Center Circle	Boca Raton, FL 33086
V/S/D	Teddy Struhl	5200 Town Center Circle	Boca Raton, FL 33086
T/V/D	Warren Struhl	5200 Town Center Circle	Boca Raton, FL 33086
V	William A. Mathis	5200 Town Center Circle	Boca Raton, FL 33086
V	Ralph S. D'Angelo	5200 Town Center Circle	Boca Raton, FL 33086
			200003079482-8 -12/23/99-01059-025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KATZ, THOMAS O ESQ.
200 EAST BROWARD BLVD.
SUITE 1500
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

Ralph S. D'Angelo

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

5200 Town Center Circle

Suite, Apt. #, Etc.

Suite # 525

City

Boca Raton

State

FL

Zip Code

33086

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

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

12/10/99

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/99
Date

(561)

962-3114
Daytime Phone #

KE