


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> p98000093540			
<b>1. Corporation Name</b>  C.M. ESTATES, INC.			
<b>2. Principal Office Address</b> 815 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 303 City & State CORAL GABLES, FL Zip 33134 Country USA		<b>3. Mailing Office Address</b> 815 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 303 City & State CORAL GABLES, FL Zip 33134 Country USA	

FILED

06 DEC 11 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/04/1998	
<b>5. FEI Number</b> 651025980	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name CARLOS VILLANUEVA		
Street Address (P.O. Box Number is Not Acceptable) 815 PONCE DE LEON BLVD Suite, Apt. #, Etc. SUITE 303 City CORAL GABLES,		
State FL	Zip Code 33134	

**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 Carlos Villanueva Date 12/08/06  
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
PD	CARLOS O. CITARA	815 PONCE DE LEON BLVD. SUITE 303	CORAL GABLES, FL 33134
VD	STELLA M. MOCCHETTI	815 PONCE DE LEON BLVD SUITE 303	CORAL GABLES, FL 33134
SD	CARLOS J. VILLANUEVA	815 PONCE DE LEON BLVD SUITE 303	CORAL GABLES, FL 33134

**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 contained in Chapter 119, 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

Date

Daytime Phone #

G. Mached **DEC 11 2006**

2012

December 8, 2006

Division of Corporations  
State of Florida  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: C.M. ESTATES INC. (P98000093540)

To Whom It May Concern:

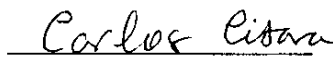
Enclosed please find the Corporate Reinstatement Report for C.M. Estates Inc. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2005 or 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2005 & 2006.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

  
CARLOS VILLANUEVA

  
CARLOS O. CITARA

Enclosure