

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -3 AM 10:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

999-59691

1. Corporation Name

CMJ VENTURES, INC.

2. Principal Office Address

7625 Hamilton Park Drive

Suite, Apt. #, etc.

Suite 12

City & State

Chattanooga, TN

Zip

37421

Country

USA

3. Mailing Office Address

7625 Hamilton Park Drive

Suite, Apt. #, etc.

Suite 12

City & State

Chattanooga, TN

Zip

37421

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/1/99

5. FEI Number

61-1350787

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Guendolyn Andrews

Date

1/3

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
P/CEO/ D	Danny F. Cooke	1725 Hamilton Park Drive Suite 12	Chattanooga, TN 37421
S/CFO/ D	Charles L. Thompson	1725 Hamilton Park Drive Suite 12	Chattanooga, TN 37421
Exec. VP	Sean Garber	3600 Chamberlain Lane Suite 826	Louisville, KY 40241

REINSTATEMENT

02-03

300009811279
01/03/03--01045--005 **750.00

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 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:

Charles L. Thompson - Charles L. Thompson, CFO

Date

12/17/02 423-296-8213

Daytime Phone #

CR2E081 (9/01)