

PLEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

DOCUMENT # S97387

1. Corporation Name
CEMES CORP

2. Principal Office Address
4220 Fox Trace

Suite, Apt. #, etc.

City & State
Boynton Beach, Florida

Zip Country
33436 USA

3. Mailing Office Address
4220 Fox Trace

Suite, Apt. #, etc.

City & State
Boynton Beach, Florida

Zip Country
33436 USA

REINSTATEMENT 93-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida December 3, 1991

5. FEI Number
650298381

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
Charles Samberg

Street Address (P.O. Box Number is Not Acceptable)
4220 Fox Trace

Suite, Apt. #, Etc.

City
Boynton Beach

State Zip Code
FL 33436

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

Date 12-1-04

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	Charles Samberg	4220 Fox Trace	Boynton Beach, FL 33436

800043213888
12/08/04--01053--001 **2400.00

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 individual's 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-01-04

Daytime Phone #

561-
742-
0111

CR2E081 (01/04)