

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

01 APR 23 AM 10-47

**DOCUMENT #** V00227

**1. Corporation Name**

CPI CORPORATION

**2. Principal Office Address**

540 N. HWY. 434

Suite, Apt. #, etc.

SUITE 119

City & State

ALTAMONTE SPRINGS, FL

Zip

Country

32714-2166

U.S.A.

**3. Mailing Office Address**

P.O. BOX 536327

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

Country

32853-6327

U.S.A.

**REINSTATEMENT**

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

12/13/1991

**5. FEI Number**

Applied For

59-3194734

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

L.E. PAYNE

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

208 SUMMERLIN

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32730

200004078202-9  
-04/25/01 -01084-035  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

**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

REGISTERED AGENT MUST SIGN

Date 4-19-01

**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
D.	CLEVELAND A. PAYNE	840 N. ORANGE AVE. STE. 333	ORLANDO, FL 32801

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cleveland Payne Cleveland Payne 4-19-01 407448-0229

CR2E081 (9/00)