PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JUN 25 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000066020

1. Corporation Name
COMMUNITY SOLUTIONS GROUP CORP.

REINSTATEMENT CR2E081 (12/07) 6-24-08

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4245 Talaton Court		4245 Talaton Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Cumming, Georgia		Cumming, Georgia	
Zip	Country	Zip	Country
30028		30028	

4. Date Incorporated or Qualified To Do Business in Florida 05/04/2005

5. FEI Number 56-2514324 ☐ 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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City	State	Zip Code
Miami	FL	33145

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 SPIEGEL & UTRERA, P.A.
By: Natalia Utrera
Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date 6-24-08

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
PSTD	Velez, Stacie	4245 Talaton Court	Cumming, Georgia 30028

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U17087 08--01014--015 **450.00

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 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: Stacie Velez, President 678-571-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Mitchell JUN 25 2008