



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

600263439586

REINSTATEMENT

DOCUMENT # P06000068487

1 Corporation Name

C M CONSULTING GROUP CORP.

09/25/14--01010--010 **635.00

2. Principal Office Address - No P.O. Box #
1221 BRICKELL AVE
SUITE, Apt. #, etc. SUITE 660
City & State MIAMI, FLORIDA
Zip 33131 Country USA

3. Mailing Office Address
SUITE, Apt. #, etc.
City & State
Zip Country

CR22081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 05/06/2003

5. FEI Number 20-2795159 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name DALE REED
Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE
SUITE, Apt. #, etc. SUITE 660
City MIAMI State FL Zip Code 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503 F.S.

Signature of Registered Agent [Signature] Date 10/07/14
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE	MIAMI FLORIDA 33131
AGENT	DALE REED	1221 BRICKELL AVE	MIAMI FLORIDA 33131

10. E-mail Address: Joseph.Geluso@y-group.com (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 617.165 F.S.

SIGNATURE: [Signature] DATE: 10/13/14

OCT 15 PM 2:22

OCT 15 2014 C. CARROTHERS