PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED
03 APR 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022941

1. Corporation Name

C.B.G. & B CONSULTING, INC.

Principal Place of Business	Mailing Address
10570 N.W. 27 Street #103 Miami, FL 33122	P.O. Box 227010' Miami, FL 33122-7010

000016061440
04/15/03--01023--003 **300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03-13-1997

5. FEI Number: 650738283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Candace Cancio Bello	10570 N.W. 27 Street #103	Miami, FL 33172
VST	Bethany Ann Bahamonde	10570 N.W. 27 Street #103	Miami, FL 33172

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Carlos A. Triay, Esquire 10570 N.W. 27 Street #103 Miami, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 04-08-2003
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: B. Candace Cancio Bello CANDACE CANCIO BELLO, President 04-08-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARLOS A. TRIAY, P.A.

A PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW
SQUARE ONE BUSINESS CENTER
SUITE 103
10570 N.W. 27 STREET
MIAMI, FLORIDA 33172

PLEASE REPLY TO:
POST OFFICE BOX 227010
MIAMI, FLORIDA 33122

TELEPHONES
(305) 597-8944 • (305) 446-4988
FAX (305) 597-8995
FAX (305) 446-5821

April 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: C.B.G. & B CONSULTING, INC.

Ladies/Gentlemen:

In reference to the above captioned, please be advised that we did not receive the Annual Report for the year 2002. We hereby request that the late fees be waived. Enclosed please find the completed Application for Reinstatement and reinstatement fee of $300.00. Should you have any questions, please contact me.

Very truly yours,

Carlos A. Triay

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