

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133612

1. Corporation Name

OMEGA GROUP CORPORATION

2. Principal Office Address

3300 NE 192 ST.

Suite, Apt. #, etc.

#903

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

P.O. BOX 801342

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33280

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/2002

5. FEI Number

33-1038141

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

LEON EGOZI, CPA

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

19495 BISCAYNE BLVD.

Suite, Apt. #, Etc.

STE 705

City

AVENTURA

State

FL

Zip Code

33180

000039337850

07/20/04--01033--007 ***304.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0103, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/16/04

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
PD	GHELMAN, JAIME	18 VE JULIO 985 2ND FLOOR	MONTEVIDEO, URUGUAY
VD	KAC, MIKAEL	3300 NE 192 ST. #903	AVENTURA, FL 33180

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

7/16/04

Daytime Phone #

305 6100504

Leon Egozi, P.A.

Certified Public Accountant

19495 Biscayne Boulevard, Suite 705
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-0128

July 14, 2004

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

Re: Omega Group Corporation
EIN: 33-1038141
Document # P02000133612

Dear Sir / Madam:

Included please find the application for reinstatement for the above referenced taxpayer along with a check for \$300.00.

The corporation never received correspondence from the Division of Corporations because the address on file was incorrect.

Please reinstate the corporation and waive the reinstatement fee of \$600.00

Sincerely,



Leon Egozi, P.A.
Certified Public Accountants

Enclosures

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