

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAY 18 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000492

1. Corporation Name

Consolidated Technology Group Ltd., Inc.

2. Principal Office Address

2300 Glades Rd.

3. Mailing Office Address

2300 Glades Rd.,

Suite, Apt. #, etc.

Suite 100-W

Suite, Apt. #, etc.

Suite 100-W

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

1/21/98

5. FEI Number

13-1948169

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Mahoney

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

2300 Glades Road

Suite, Apt. #, Etc.

Suite 100-W

City

Boca Raton

State

FL

Zip Code

33431

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

5/15/01

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
CEO Pres.	Theodore B. Shapiro Director	2300 Glades Road, Suite 100-W	Boca Raton, FL 33431
Chairman of Board	Edward D. Bright	2300 Glades Road, Suite 100-W	Boca Raton, FL 33431
CFO	George Mahoney	2300 Glades Road, Suite 100-W	Boca Raton, FL 33431

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:

George Mahoney, CFO

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01

561-447-9953

LS

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CR2001 (9/00)