

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

98 DEC 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92110**

1. Corporation Name

CORPORATE SYSTEMS GROUP, INC.

Principal Place of Business

7171 CORAL WAY STE 403
S403
MIAMI FL 33155
US

Mailing Address

7171 CORAL WAY STE 403
S403
MIAMI FL 33155
US

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

2. New Principal Office Address, If Applicable

7255 CORPORATE CENTER DR
Suite, Apt. #, etc.
BAY A

3. New Mailing Office Address, If Applicable

7255 CORPORATE CENTER DR
Suite, Apt. #, etc.
BAY A

4. Date Incorporated or Qualified To Do Business in Florida

07/24/1990

5. FEI Number

59-3022165

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SILVA, ANTHONY X.	7171 CORAL WAY S403	MIAMI FL
P	SILVA, ANTHONY X.	7255 CORPORATE CENTER DR	MIAMI FL 33126
V	SUESS, WAYNE C.	7255 CORPORATE CENTER DR	MIAMI FL 33126
V	SANTIAGO, MARIO M.	7255 CORPORATE CENTER DR	MIAMI FL 33126
V	AVILES, LUIS A.	7255 CORPORATE CENTER DR	MIAMI FL 33126

300002716413-3
-12/18/98-01244-0015
***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE LA HOZ, JORGE, CPA
1550 MADRUGA AVE, STE 406
CORAL GABLES FL 33146

JOSEPH P. HANDY
12000 BISCAYNE BLVD
SUITE 405
NORTH MIAMI, FL 33181

Name

JOSEPH P. HANDY

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

12000 BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 405

City

NORTH MIAMI

State

FL

Zip Code

33181

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

Joseph P. Handy
REGISTERED AGENT MUST SIGN

Date

11-30-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Joseph P. Handy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-98

Daytime Phone #

CR2E040 (6/98)