PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

REINSTATEMENT 1996

mwb 11-14-96

FILED
96 NOV 12 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98877 (7)

1 Corporation Name

CONSOLIDATED INVESTMENTS GROUP INC

Principal Place of Business	Mailing Address
1658 S.W. 7 AVE POMPANO BEACH FL 33060	1658 SW 7 AVE. POMPANO BEACH FL. 33060

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1658 S.W. 7 AVE	1658 SW 7 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL.	City & State: POMPANO BEACH FL
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 9/16/88

5. FEI Number: 65-00 75245 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75

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
D P	LEAMAN WALTER JR	1490 SW 63 TERR	PLANTATION FL. 33317
D AS	LEAMAN JUNE	1490 S.W. 63 TERR	PLANTATION FL 33317
A T	ALTMAN PAUL	8814 C SW 225 T	BOCA RATON FL.
S	DEWOLF MICHELLE	11804 NW 48 TERR	COCONUT CREEK FL. 33063
			100002006241--9
			-11/15/96--01086--021
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

WALTER R LEAMAN JR
1490 SW 63 TERR.
PLANTATION FL. 33317

9. Name and Address of New Registered Agent

Name: WALTER R LEAMAN JR
Street Address (P.O. Box Number is Not Acceptable): 1490 SW 63 TERR.
Suite, Apt. #, Etc.: PLANTATION FL.
City: PLANTATION State: FL Zip Code: 33317

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: Walter R Leaman Jr
REGISTERED AGENT MUST SIGN
Date: 10/27/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Walter R Leaman Jr WALTER R. LEAMAN JR PRES/D 954 583 1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/27/96 Daytime Phone #

CR2E040 (12/95)