

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 AUG -3 PM 7:33

DOCUMENT # P00000040328

1. Corporation Name
EBG, INC.

2. Principal Office Address
2875 N.E. 191st St.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite 508

Suite, Apt. #, etc.

City & State
Aventura, Florida

City & State

Zip Country
33180 Miami-Dade

Zip Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida 4/17/2000

5. FEI Number 651016750
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
NORMAN MALINSKI

Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191st Street,

Suite, Apt. #, Etc.
Suite 508

City
Aventura

State Zip Code
FL 33180

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 7-31-06

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
D	Ellen B. Gold	2875 N.E. 191st Street Suite 508	Aventura, FL 33180

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08/09/06--01037--004 **1050.00

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 contained in Chapter 119, 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: ELLEN B. GOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-937-4242

Daytime Phone #

B. Mitchell AUG 8 2006