

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:25

DOCUMENT # P000000043700

1. Corporation Name

Another Group, Inc.

000068561080  
03/24/06--01006--032 \*\*1050.00

2. Principal Office Address

13115 Sandy Pine Ln  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS #2  
Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Zip  
34711

Country  
USA

Zip

Country

REINSTATEMENT 0406  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/2/2000

5. FEI Number

65-1003349

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 Manuel A. Martinez

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

13115 Sandy Pine Ln

Suite, Apt. #, Etc.

City Clermont

State  
FL

Zip Code  
34711

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

*[Signature]*

Date 2/22/06

REGISTERED AGENT MUST SIGN

**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	Martinez, Manuel A	13115 SANDY PINE LN	Clermont FL 34711
D	Cough, Loral Manuel	13115 SANDY PINE LN	Clermont, FL 34711

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06

Date

Daytime Phone #