

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

DOCUMENT # P00000053861

1. Corporation Name

The Closing Group, Inc.

2. Principal Office Address

5400 S. UNIVERSITY DR

Suite, Apt. #, etc.

108

City & State

DAVIE FL

Zip

33328

Country

USA

3. Mailing Office Address

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

108

City & State

DAVIE FL

Zip

33328

Country

USA

000005282020--6

-04/16/02--01035--019

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/2002

5. FEI Number

651088180

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

Raul Quintana

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

5400 S. UNIVERSITY DR #

Suite, Apt. #, Etc.

108

City

DAVIE

State
FL

Zip Code

33328

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]

REGISTERED AGENT MUST SIGN

Date

3/25/02

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
P	Raul Quintana	16473 NE 31 AVE	N. MIAMI BEACH FL 33160

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:

[Signature]

Raul Quintana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

9548800308

Daytime Phone #

CR2E081 (9/01)