

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

04 OCT 21 PM 12:20

DOCUMENT # F00000074571

1. Corporation Name

CORPORATE COMPUTER GROUP INC

2. Principal Office Address

2317 THOMAS DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City, State

PANAMA CITY BEACH FL

City, State

SAME AS PRINCIPAL OFFICE

Zip

32408

Country

Bay

Zip

SAME AS PRINCIPAL OFFICE

Country

SAME AS PRINCIPAL OFFICE

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida

8/6/03

5. FEI Number

593660042

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

RALPH COOLIDGE

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

2317 THOMAS DR

Suite, Apt. #, Etc.

P.C. Beach

City

PANAMA CITY BEACH

State

FL

Zip Code

32408

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



Date 10/19/04

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
Pres	Ralph Coolidge	2317 THOMAS DR	PANAMA CITY BEACH FL 32408

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/04

Date

850-230-1089

Daytime Phone #

CR2001 (01/04)

10/25/04