

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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02 MAR 20 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

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

DOCUMENT # P0000 0080322

1. Corporation Name
Community Action Group Inc.

2. Principal Office Address 5028 TENN. CAPITAL BLVD Suite, Apt. #, etc. NA City & State TALL Zip 32303 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. X City & State FL Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name MICHAEL ANDREWS 500005168725-4
Street Address (P.O. Box Number is Not Acceptable) 5028 TENN. CAPITAL BLVD
Suite, Apt. #, Etc. TALL FL 32303
City TALL FL State FL Zip Code 32303

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 Michael A. Andrews Date 3-20-02
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	Richard Cichowski	4530 AUTUMN WOODS WAY	TALL FL 32303
VICE PRES.	MICHAEL A. ANDREWS	PEARL GARDEN WAY	TALL FL

01-02 UBR

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: Robert P. Cichowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/20/02 205-8850
Daytime Phone #

CR2E081 (9/01)

I Richard Cichowski FROM ^{Page 202}
~~COMMUNITY~~ ACTION GROUP INC.
DID NOT RECIEVE OUR VBR
RENEWAL FORM'S FOR 2001, 2002
PLEASE EXCVSE THE PENELTY FEE AND
I SEE TO IT THAT IT DON'T
HAPEN AGAIN.

Richard Cichowski
RICHARD Cichowski
3/20/02