

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000082625**

1. Corporation Name

CORPORATE PERSONNEL GROUP, INC.

Principal Place of Business

509 W. COLONIAL DR.
ORLANDO FL 32804

Mailing Address

509 W. COLONIAL DR.
ORLANDO FL 32804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2000

5. FEI Number

22-3839993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CIARAMITARO, ANTHONY	8438 FIRE FOX COVE	ORLANDO FL 32835
D	CIARAMITARO, PAUL	2614 GILSON CT.	ORLANDO FL 32835
			800005254908 -04/11/02--01071--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CIARAMITARO, ANTHONY
509 W. COLONIAL DR.
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/27/01

11. 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

Date

Daytime Phone #

407
12/27/01 578-3888

FILED
02 MAR 20 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01-30-01 90184 004 \$150.00

REINSTATEMENT

01-02-10

CR2E040 (8/01)