

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 17 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000090981

1. Corporation Name  
**CFC GROUP, INC.**

700006629507--5  
-07/25/02--01002--014  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address <b>304 Palermo Street</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>304 Palermo Street</b> Suite, Apt. #, etc.	
City & State <b>Coral Gables, Florida</b>		City & State <b>Coral Gables, Florida</b>	
Zip <b>33134</b>	Country	Zip <b>33134</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>09/27/2000</b>
5. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1840 Southwest 22 Street**

Suite, Apt. #, Etc.  
**4th Floor**

City  
**Miami**

State  
**FL**

Zip-Code  
**33145**

**REINSTATEMENT 01-02**

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 By: *Natalia Utrera* Date *July 15, 2002*

**Natalia Utrera, VICE PRESIDENT**

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	Nollenberger, Daniel	304 Palermo Street	Coral Gables, FL 33134
SD	Ale, Patricia	304 Palermo Street	Coral Gables, FL 33134
D	Konrad, Pedro	304 Palermo Street	Coral Gables, FL 33134

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: *Daniel Nollenberger* **Daniel Nollenberger** *7/16/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)