

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105434

1. Entity Name
COLEMAN GROUP, INC.



Principal Place of Business
5 ISLAND AVENUE #8A
MIAMI BEACH, FL 33139

Mailing Address
14097 NE 2 COURT
MIAMI, FL 33161

2. Principal Place of Business
14825 S. SPUR DRIVE
Suite, Apt. #, etc.

3. Mailing Address
14825 S. SPUR DRIVE
Suite, Apt. #, etc.



10022006 REIN-P CR2E098 (11/05)

City & State
MIAMI, FL
Zip
33161
Country
U.S.A.

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MIAMI, FL
Zip
33161
Country
U.S.A.

4. FEI Number
65-1054815
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, GUILLERMO A
5 ISLAND AVENUE #8A
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
LOPEZ, GUILLERMO A.
Street Address (P.O. Box Number is Not Acceptable)
14825 S. SPUR DRIVE
City
MIAMI
FL
Zip Code
33161

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/2/06.

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
LOPEZ, GUILLERMO A
14097 NE 2 COURT, UNIDAD #18
MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
LOPEZ, GUILLERMO A.
14825 S. SPUR DRIVE
MIAMI, FL 33161 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/06.

Date

Daytime Phone #

10/10/06