

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108966

1. Corporation Name

CONSULTING GROUP OF AMERICA INC.

Principal Place of Business

P.O. BOX 50321
JACKSONVILLE FL 32240

Mailing Address

P.O. BOX 50321
JACKSONVILLE FL 32240

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2000

5. FEI Number

59-3682877

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SOLD-JOSEPHSON, PATRICIA	P.O. BOX 50321	JACKSONVILLE FL 32240

500008667105
10/29/02--01042--008 **150.00

PR 11/5

8. Name and Address of Current Registered Agent

SOLO-JOSEPHSON, PATRICIA
915 YACHT HARBOR CT
JACKSONVILLE FL 32225

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia Solo-Josephson
REGISTERED AGENT MUST SIGN

Date 10/27/02

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:

Patricia Solo-Josephson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/02 904-220-3850
Date Daytime Phone #

CR2E040 (8/02)

Consulting Group of America INC.
P.O. Box 50321
Jacksonville, Florida 32240
October 27, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sirs,

I have recently received notice of dissolution or revocation of Consulting Group of America INC. in lue of failure to file the 2002 Annual-report/Uniform business report. -
Unfortunatly this oversight has occurred because we have failed to receive the two prior UBR notices. Enclosed is a check for \$150.00 and the completed reinstatement document as requested. I hope this has not caused a significant inconvenience.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Solo-Josephson".

Patricia Solo-Josephson

President