

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000018758
1. Corporation Name
C.E.G. Enterprises, Inc.

2. Principal Office Address 2100 N. University Dr. Suite, Apt. #, etc.		3. Mailing Office Address 5821 SW 163 Ave. Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Southwest Ranches, FL	
Zip 33024	Country USA	Zip 33331	Country USA

100028323001
02/06/04--01026--015 **750.00
100028323001 150.00
02/06/04--01026--016 **750.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 02/19/2001
5. FEI Number 65-1077231 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Linda C. Frazier
Street Address (P.O. Box Number is Not Acceptable): 3600 N. Federal Highway, Third Floor
Suite, Apt. #, Etc.:
City: Ft. Lauderdale
State: FL Zip Code: 33308

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: *[Signature]* Date: 1/21/04
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
P/D	Matthews, Joseph	5821 SW 163 Avenue	Southwest Ranches, FL 33331
VP/D	Matthews, Greg	5821 SW 163 Avenue	Southwest Ranches, FL 33331

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: *Joseph Matthews* 1-21-04 9545841117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)