PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 26 AM 10: 22

DOCUMENT # P01000018758

1. Corporation Name

C.E.G. Enterprises, Inc.

1000028323001
02/06/04--01026--015 **750.00

1000028323001 150.00
02/06/04--01026--016 **7██████SC'

REINSTATEMENT 03-04

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

4. Date Incorporated or Qualified To Do Business in Florida   02/19/2001

Zip	Country	Zip	Country
33024	USA	33331	USA

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 _____   REGISTERED AGENT MUST SIGN   Date 1/21/04

CR2E081 (10/02)

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   954 584 1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #