

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.

100028323001  
02/06/04--01026--015 \*\*750.00

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

**REINSTATEMENT 03-04**

2. Principal Office Address

2100 N. University Dr.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

5821 SW 163 Ave.

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

Zip

33331

Country

USA

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]*

REGISTERED AGENT MUST SIGN

Date

1/21/04

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

9545841117

Daytime Phone #

CR2E081 (10/02)