

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076567

1. Corporation Name

CORPORATE COMMUNICATIONS GROUP, INC.

Principal Place of Business

1873 NW 74TH AVENUE
PEMBROKE PINES FL 33024

Mailing Address

1873 NW 74TH AVENUE
PEMBROKE PINES FL 33024

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

08/03/2001

5. FEI Number

651126414

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	ALLISON LERNER	1873 NW 74th Ave	Pembroke Pines, FL 33024
Sec/ Principal	JARED LERNER	1873 NW 74th Ave	Pembroke Pines, FL 33024

8. Name and Address of Current Registered Agent

LERNER, JARED A
1873 NW 74TH AVENUE
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name Allison Lerner
Street Address (P.O. Box Number is Not Acceptable)
1873 NW 74th Ave
Suite, Apt. #, Etc.
City Pembroke Pines State FL Zip Code 33024

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

954-605-8910

Daytime Phone #

CR2E040 (8/02)

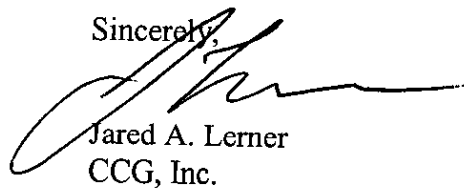
Corporate Communications Group, Inc
1873 NW 74th Avenue
Pembroke Pines, FL 33024
954-605-8910

October 22, 2002

To Whom It May Concern:

Please accept this letter as notice that my corporation has never received any UBR filing documentation. I am including the new filing fees as required. If possible, please consider waiving the \$600.00 Reinstatement Fee. I appreciate your attention to this matter. ~

Sincerely,



Jared A. Lerner
CCG, Inc.