

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000692367

1. Corporation Name

SIGNATURE CONSULTING GROUP, INC

REINSTATEMENT 04-06

2. Principal Office Address

6065-NW 167th ST

Suite/Apt. #, etc.

B-1

City & State

MIAMI LAKES

Zip

33015

Country

US

3. Mailing Office Address

6065-NW 167th ST - B-1

Suite/Apt. #, etc.

B-1

City & State

FLA

Zip

33015

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/01

5. FEI Number

65-1145543

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

TOMMIE COOPER

Street Address (P.O. Box Number is Not Acceptable)

6065-NW 167th ST - B-1

Suite/Apt. #, Etc.

B-1

City

MIAMI LAKES, FLA

State

FL

Zip Code

33015

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

Tommie Cooper

REGISTERED AGENT MUST SIGN

Date 9/11/06

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.	<u>TOMMIE COOPER</u>	<u>6065-NW 167th ST - B-1</u> <u>MIAMI LAKES, FLA</u>	<u>33015</u> <u>MIAMI LAKES, FLA</u>
S.	<u>HELEN SMITH</u>	<u>6065-NW 167th ST</u> <u>STE B-1</u>	<u>MIAMI LAKES</u> <u>FLORIDA 33015</u>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommie Cooper

9/11/06

Date

(754) 224-8770

Daytime Phone #