

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120552

1. Corporation Name

CGE Group Inc

2. Principal Office Address

9000 Sheridan Street

3. Mailing Office Address

9000 Sheridan Street

Suite, Apt. #, etc.

Suite 119

Suite, Apt. #, etc.

Suite 119

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/2001

5. FEI Number

☒ 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

Phil Walton 9000 Sheridan Street

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

9000 Sheridan Street

Suite, Apt. #, Etc.

Suite 119

City

Pembroke Pines

State
FL

Zip Code

333024

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

X

REGISTERED AGENT MUST SIGN

Date

9/30/03

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
D	Phil Walton	9000 Sheridan Street, #119	Pembroke Pines, FL 33024

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:

X *Phil Walton*

Phil Walton

9/30/03

(954) 438-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/7

CGE GROUP INC.
9000 SHERIDAN STREET, #119
PEMBROKE PINES, FL 33024

September 30, 2003

Florida Division of Corporations
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

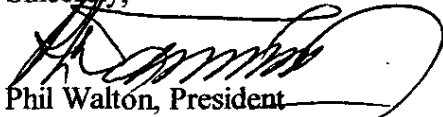
To Whom it May Concern:

Please be advised that we did not receive our 2002 and 2003 Annual Report Forms from the Division of Corporations. We are respectfully requesting that you forgo the reinstatement fee of \$600.00 and accept the enclosed check in the amount of \$300.00 to reinstate this corporation.

Going forward, our current mailing and principal address is 9000 Sheridan Street, #119, Pembroke Pines, FL 33024.

Thank you for your kind consideration.

Sincerely,



Phil Walton, President