

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB -6 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000120902

1. Corporation Name

CONRAD FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

~~15342 SOUTHWEST 34TH STREET~~
~~MIAMI FL 33185~~

~~15342 SOUTHWEST 34TH STREET~~
~~MIAMI FL 33185~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

01-0549806

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	LOPEZ, CONRADO	15342 SOUTHWEST 34TH STREET	MIAMI FL 33185
		1925 Brickell Ave #1604 Miami FL 33129	Miami, FL 33129
			100027008461 01/15/04--01015--019 **211.25
			100027008461 02/05/04--01066--006 **88.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33129

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

REGISTERED AGENT MUST SIGN

Date

1/12/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/04

Daytime Phone #

305-854-2163



CONRAD FINANCIAL GROUP

January 12, 2004

Florida Department of State

Re: Reinstatement Letter
Document #: P01000120902

To Whom It May Concern:

This letter is to notify the state, that we Conrad Financial Group, Inc. DID NOT receive the Uniform Business Report notices.

The address on record is incorrect. The correct address is:
1925 Brickell Avenue #1605 Miami, FL 33129.

We would greatly appreciate if the Reinstatement Fee could be waived this one time.

Enclosed is a check for \$211.25. \$150.00 fee to file + Annual Report Fee of \$61.25.

Thank you in advance for your prompt attention to this matter.

Conrad Lopez
President