| | | PLEASE READ | ALL INS | TRUCT | IONS | BEFORE (| COMPLET | ING THIS F | ORM. | | |
|--|------------------------|--|------------------|---------------------------|---------------------|--|-------------------------------------|---|-----------------|---|--|
| APPLICATION FOR REINSTATEMEN FOR DIVISION OF CORPORATIONS | | | | | | | | FILED | | | |
| DOCUMENT # P02000011084 1. Corporation Name CJI ENTERPRISES GROUP, INC. | | | | | | | | 02 NOV 13 PM 3: 47 | | | |
| | | | | | | | | SECRETARY OF STATE TALLAHAS SEE FLORIDA | | | |
| | | | | | | | | | | | |
| PO BOX 54 PO BOX 54 FT. MYERS FL 33902 FT. MYERS | | | | | | | | | | | |
| If above | addresses are | e incorrect in any way, line thr | | | | | | | | | |
| 228 AUIATION PRING 2281 | | | | 40/4//010 PEWU TO DO E | | | 4. Date Incorp To Do Busi | proprieted or Qualified usiness in Florida 12/28/2001 | | | |
| Suite, Apt. # etc. CAPE CORA(. FC 33904 CAPE City & State City & State | | | | | | | 5. FEI Numbe | 382671 | | Applied For | |
| Zip 33904 Country 5.4. Zip. 339 | | | | 6. (Country USA | | | 6. | OF STATUS DESIRED | \$8.75 Ac | Not Applicable dditional Fee required certificate of Status | |
| | and Street Ad | ddresses of Each Officer and/ Name of Officers | or Director (Flo | rida nonpro | | ations must list at lea eet Address of Each | | | | | |
| Title(s) | 2 and/or Directors | | | 3 Officer and/or Director | | | | City / State / Zip | | | |
| | NO CONGER WITH COMPANY | | | 3432 DORA ST. | | | | FT. MYERS FL: | 3918 | | |
| S | MCMILLAN, ISSAC | | | 23030 AVE. A | | | | ÁLVA FL 33920 | | | |
| τ/ρ | CHANEY, JAMES | | | 228 AVIATION PKWY | | | | CAPE CORAL FL 33904 | | | |
| . 181 | | | | | | | | | | | |
| | | | | 80 11/13/ | | | 0008969798 02-01055-010 **158,75 | | | | |
| | | = | - ~ | | | | | | | | |
| 8. Name and Address of Current Registered Agent Name Name Name | | | | | | | | Address of New Reg | istered Agent | | |
| SHEARD, CURTIS J 3432 DORA ST. Street Additional Street Addition | | | | | | | <u> </u> | 7,04 | <i>.</i> | | |
| FT. MYERS FL 33916 | | | | | Suite, Apt. #, Etc. | | O. Box Number is Not Acceptable) | | | | |
| | | · | | | | CAPC | CORAC | | State Zip | 22Gn(1 | |
|). I, being | appointed the | e registered agent of the abov | e named corpo | ration, am fa | amiliar wit | th and accept the ob | ligations of Section | on 607.0505, F.S. or (| | 77104 | |
| ignature o | of (| | | | | IRED | | . j | ilasta. | 2 | |
| ĕgistered | | A STATE OF THE STA | GISTERED AGI | | SIGN | | | Date// | 101/06 | | |

11. I certify that I am an efficer 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 filling 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

11/07/02

239-337-2447

Daytime Phone #

CSI ENTERPRISES COROUP, INC 228 AVIATION PRWY. CAPE CORAC. FL 33904

NOUGMBER 7th, 2002

2

DIVISON OF CURPORATIONS PO BOX 6327 TACLAHAGGEE, FL 32314-6327

DEAR SIR OR MADAM:

WE DID NOT RECIEVE OUR NOTICE TO RENEW OUR CORPORATION IN THE MAIL, WE WOULD LIKE TO RECIEVE A WAIVER ON OUR LATE FEE AND HAVE GNOLOGED & 158.75 POR OUR ANNUAL FEE AND CERTIFICATE OF GTATUS.

SINCERELY, CHANEY SE. DAMES & CHANEY SE. PRINCIPAL OFFICER