

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 10 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015173

1. Corporation Name

CHERRY GROUND INTERNATIONAL, INC.

2. Principal Office Address

550 N. W. 80TH TERRACE

Suite, Apt. #, etc.

BLDG. 65, UNIT 204

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

3. Mailing Office Address

550 N. W. 80TH TERRACE

Suite, Apt. #, etc.

BLDG. 65, UNIT 204

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

REINSTATEMENT

0305

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/2002

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

MAX M. HAGEN, ESQ., HAGEN & HAGEN, P.A.

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

3531 GRIFFIN ROAD

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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

MAX M. HAGEN, ESQ.

Date MARCH 7, 2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JOHN BITTER	550 N. W. 80TH TERRACE BLDG. 65, UNIT 204	MARGATE, FLORIDA 33063
VP/D	GLENDENE BITTER	550 N. W. 80TH TERRACE BLDG. 65, UNIT 204	MARGATE, FLORIDA 33063

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:

JOHN BITTER, PRESIDENT

3/7/05

561-493-8496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #