

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUN -4 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 102000022954

1. Corporation Name

CMG Partners, Inc.  
4812 W. Commercial Blvd  
Tamara, FL 33319

2. Principal Office Address

4812 W Commercial Blvd

Suite, Apt. #, etc.

City & State

Tamara, FL

Zip

33319

Country

3. Mailing Office Address

4812 W. Commercial Blvd

Suite, Apt. #, etc.

City & State

Florida

Zip

33319

Country

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

2/21/02

5. FEI Number

02-0563934

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

June Minto

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

7905 Ambleside Way

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

200037424992

05/28/04--01030--005 \*\*300.00

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

June Minto

REGISTERED AGENT MUST SIGN

Date 5/26/04

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
<u>D</u>	<u>Derwent Donaldson</u>	<u>Same as on file</u>	
<u>D</u>	<u>June Minto</u>	<u>7905 Ambleside Way -</u> <u>Lake Worth,</u>	<u>Lake Worth</u> <u>FL 33467</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 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:

June Minto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/04  
Date

954-739-6618  
Daytime Phone #

CP25081 (01/04)