

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000073206

1. Entity Name  
CARNEADE MANAGEMENT GROUP, INC.



FILED

05 FEB 14 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
7220 NW 36 ST, STE 101 5741 NW 112 Ave 7220 NW 36 ST, STE 101  
MIAMI, FL 33166 #104 MIAMI, FL 33166  
Miami, FL 33178

2. Principal Place of Business 3. Mailing Address  
5741 NW 112 Ave # 104 5741 NW 112 Ave  
Suite, Apt. #, etc. # 104

City & State City & State  
Miami, Florida Miami, Florida  
Zip 33178 Country USA Zip 33178 Country USA

REINSTATEMENT

4. FEI Number 43-1966605 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARNEADE, GIORGIO 5741 NW 112 St #104  
7220 NW 36 ST, STE 101  
MIAMI, FL 33166 Miami, FL 33178

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CARNEADE, GIORGIO  
STREET ADDRESS 7220 NW 36 ST, STE 101  
CITY-ST-ZIP MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

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