

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102520

1. Corporation Name

JAG CONSULTANTS GROUP, INC

2. Principal Office Address

3777 Lancewood Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

3777 Lancewood Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

REINSTATEMENT

03-00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/02

5. FEI Number

64-3713791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gambao, George A.

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

3777 Lancewood Drive

Suite, Apt. #, Etc.

600066134046

02/17/06--01000--025 #4808 75

City

Coral Springs

State

FL

Zip Code

33065

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

George Gambao

Date

2-8-06

REGISTERED AGENT MUST SIGN

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>President</u>	<u>George A Gambao</u>	<u>3777 Lancewood Drive</u>	<u>Coral Springs, FL 33065</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 contained in Chapter 119, 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

George Gambao

Date

2-8-06

Daytime Phone #

954-752-6445

Jag Consultants Group, Inc.

3777 Lancewood Dr. Coral Springs, FL 33056

February 9, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whomever it may concern:

This letter is to confirm that Jag Consultants Group never received the business report form and it has never been active.

We hereby request that you reactivate the name of the corporation as we are ready to start operating. Enclosed is a check for the reinstatement fees. Thanking you in advance for your prompt consideration. *We are requesting a waiver for the fees of \$1600.00 for the year 2002-2003.*

Sincerely,



George Gamboa
President