

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Fiscal Group, Inc.
PO2000134565

2. Principal Office Address

17375 Collins Ave

Suite, Apt. #, etc.

Suite 2108

City & State

Miami Beach, FL

Zip

33160

Country

US

3. Mailing Office Address

17375 Collins Ave

Suite, Apt. #, etc.

Suite 2108

City & State

Miami Beach FL

Zip

33160

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
- To Do Business in Florida

December 27, 2002

5. FEI Number

22-3889125

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

Aleksandr Fiskin

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

17375 Collins Ave

Suite, Apt. #, Etc.

2108

City

Miami Beach

State

FL

Zip Code

33160

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

Aleksandr Fiskin

Date

03/30/04

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
Pres	<i>Aleksandr Fiskin</i>	<i>17375 Collins Ave #2108</i>	<i>Miami Beach FL 33160</i>

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:

Aleksandr Fiskin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/04

Date

9176421126

Daytime Phone #

th

ps 2 82

Fiscal Group, Inc.
17375 Collins Avenue
Suite 2108
Miami Beach, FL 33160

March 19, 2004

To Whom It May Concern:

We did not receive any notices from the Division of Corporations – Florida Department of State in the year 2003. Therefore, we would like all fees to be waived.

Aleksandr Fiskin

Sincerely,
Aleksandr Fiskin