

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3 0000 21119

1. Corporation Name

Cornell Service Group, Inc.

200165132912
01/07/10--01037--019 **300.00

2. Principal Office Address - No P.O. Box #

9438 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

233

City & State

Port Richey, Florida

Zip

34668

Country

U.S.

3. Mailing Office Address

9438 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

233

City & State

Port Richey, Florida

Zip

34668

Country

U.S.

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

February 2003

5. FEI Number
55-0819800

☐ 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

Barbara Cornell

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

8331 Corney Drive

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barbara Cornell

REGISTERED AGENT MUST SIGN

Date

1-4-10

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
P	Kenneth Cornell	8331 Corney Drive	Port Richey, Fl. 34668
VP	Barbara Cornell	8331 Corney Drive	Port Richey, Fl. 34668

REINSTATEMENT

RH

10. E-mail Address: kenny@a1js.com

(To be used for future annual report notification)

11. 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, I further certify 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:

Barbara Cornell

Barbara Cornell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/09

Date

727-942-0905

Daytime Phone #