

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000051933

1. Corporation Name

Crecko Consulting group, Inc.

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

6367 SW 13th St.

Suite, Apt. #, etc.

City & State

West Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

6367 SW 13th St.

Suite, Apt. #, etc.

City & State

Florida West Miami

Zip

33144

Country

USA

7. Name and Address of Current Registered Agent

Name

Jonathan Solomon

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

6367 SW ~~64th~~ 13th street

Suite, Apt. #, Etc.

Mu

City

West Miami

State

FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date 12-27-2009

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
PD	Jonathan Solomon	6367 SW 13 th St.	West Miami, FL 33144
VP	CARMEN G. DIAZ	6367 SW 13 th St.	West Miami, FL 33144

10. E-mail Address:

(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:

JONATHAN Solomon

12-27-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 31 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100164084691
12/31/09--01032--016 **300.00

REINSTATEMENT

02-09

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/03

5. FEI Number

562355262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

12/31/09