

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 17 AM 9:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000073788

1. Corporation Name

Communication Management Group, Inc.

100139095501
12/17/08--01025--012 **1350.00

REINSTATEMENT

CR2E081 (10/08)

04-08^{ks}

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

1827 Westover Reserve Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1827 Westover Reserve Blvd

Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Windermere, FL

Zip

34786

Country

USA

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2003

5. FEI Number

16-1676911

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

John T Russo

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

1827 Westover Reserve Blvd

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☐ 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

John T Russo
REGISTERED AGENT MUST SIGN

Date

12-15-08

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/T/S	John T. Russo	1827 Westover Reserve Blvd	Windermere, FL 34786

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:

John T Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-08

Daytime Phone #

407-523-6162