

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000109247

1. Corporation Name

Cege, Inc

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

1001 E Camino Real

Suite, Apt. #, etc.

503N

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

7. Name and Address of Current Registered Agent

Name

Christine Frohock

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

1001 E Camino Real

Suite, Apt. #, Etc.

503N

City

Boca Raton, FL

State

FL

Zip Code

33432

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

Christine Frohock

REGISTERED AGENT MUST SIGN

Date 1/28/08

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
PRES	CHRISTINE FROHOCK	1001 E CAMINO REAL STE 503N BOCA RATON, FL 33432	
		500118414705	
		02/20/08--01008--013 **1358.73	

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:

Christine Frohock CHRISTINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FROHOCK

Date

1/31/08

Daytime Phone #

FILED

08 FEB -1 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

04-08

4. Date Incorporated or Qualified
To Do Business in Florida

10-06-03

5. FEI Number

20-0277516

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.

jc 2/4

561-
723-4830