

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

10 FEB -8 AM 11:02

DOCUMENT # P03000135362

1. Corporation Name

FINANCIAL CONSOLIDATED GROUP OF AMERICA, INC

REINSTATEMENT

08-10 B 2/10/10

700168246107

02/08/10--01064--024 **450.00

CR2E081 (11/09)

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

11780 Osprey Pointe Circle

3. Mailing Office Address

11780 Osprey Pointe Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33449

Country

Zip

33449

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2003

5. FEI Number
900231345

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

Ameribusiness, LLC

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

12300 South Shore Blvd.

Suite, Apt. #, Etc.

Suite 220

City

Wellington

State

FL

Zip Code

33414

☒ 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

REGISTERED AGENT MUST SIGN

Date 02/02/2010

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/D	Ramon F. Llaneza	11780 Osprey Pointe Circle	Wellington, FL 33414

10. E-mail Address: Rallaneza@Ameribusiness.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/02/2010 5613293784