

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4000066268

1. Corporation Name

Communication Consultants Group, Inc.

2. Principal Office Address - No P.O. Box #
18822 SW 74 Court

3. Mailing Office Address
18822 SW 74 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33157 USA

Zip Country
33157 USA

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida 04/22/2004

5. FEI Number
20-1074827

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
Jorge I. Seco

Street Address (P.O. Box Number is Not Acceptable)
18822 SW 74 Court

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33157

☒ 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

Jorge I. Seco

REGISTERED AGENT MUST SIGN

Date 01/05/2009

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
P/D	Jorge I. Seco	18822 SW 74 Court	Miami, Florida 33157

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:

Jorge I. Seco

Jorge I. Seco

01/05/2009

305-256-0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JC 1/20