

# 2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

08 APR - 22 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012008 REIN-P CR2E098 (1/07)

DOCUMENT # P06000077612			
1. Entity Name C J SIGNATURE GROUP, INC.			
Principal Place of Business 5200 COCONUT CREEK PKWY MARGATE, FL 33063		Mailing Address 5200 COCONUT CREEK PKWY MARGATE, FL 33063	
2. Principal Place of Business - No P.O. Box # 1509 N State Rd 7 Suite, Apt. #, etc. G		3. Mailing Address 1509 N State Rd 7 Suite, Apt. #, etc. G	
City & State MARGATE FL		City & State MARGATE, FL	
Zip 33063	Country BROWARD	Zip 33063--	Country BROWARD
4. FEI Number 75-3216747		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOURGUE, DJENANE S 17850 84TH COURT NORTH LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name GOURGUE, DJENANE S Street Address (P.O. Box Number is Not Acceptable) 1509 N State Rd 7, Suite G MARGATE FL 33063 City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Djenane Gourgue</u> DATE <u>1-1-08</u> <small>Signature typed or printed name of registered agent and the bookable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURGUE, DJENANE S 17850 84TH COURT NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURGUE, DJENANE S 1509 N State Rd 7, #G MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMMY M. OLSAINT 1509 N State Rd 7, #G MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMMY M. OLSAINT 1509 N State Rd 7, #G MARGATE FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		600117625686 04/22/08--01019--001 **150.00	
SIGNATURE: <u>Djenane Gourgue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>1-1-08</u> DAYTIME PHONE: <u>954 638 9321</u>	