

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -8 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

copy
10/9/09

DOCUMENT # P080000096967
1. Corporation Name
CSM Construction Group, Inc.

600161497876
10/08/09--01029--007 **158.75

CR2E081 (12/08)

REINSTATEMENT

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

8672 SW 40 St.

Suite, Apt. #, etc.

205

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Miami, FL

City & State

Florida

Zip

33155

Country

Zip

33155

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

Oct 28, 2008

5. FEI Number

☒ 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

Mary Pat Berg

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

8672 SW 40 Street

Suite, Apt. #, Etc.

Suite 205

City

Miami

State

FL

Zip Code

33155

150.00

☒ 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**

Mary Pat Berg

REGISTERED AGENT MUST SIGN

Date 10-5-09

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
Preside	Mary Pat Berg	8672 SW 40 St., 205	Miami, FL 33155

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:

Mary Pat Berg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-09

Date

786-487-4752

Daytime Phone #

150.00
87.5

158.05