

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 AM 9:24

DOCUMENT # P-39807

1. Corporation Name

CONSULTANT FINANCE GROUP, INC.

REINSTATEMENT

03

2. Principal Office Address

16969 NW 67 AVENUE

Suite, Apt. #, etc.

204

City & State

MIAMI, FLORIDA

Zip

33015

Country

US

3. Mailing Office Address

16969 NW 67 AVENUE

Suite, Apt. #, etc.

204

City & State

MIAMI, FLORIDA

Zip

33015

Country

US

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

JULY 28, 1992

5. FEI Number

65-0773495

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

JOSE RODRIGUEZ

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

19850 NW 83 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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 09/17/2003

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, T	JOSE RODRIGUEZ	19850 NW 83 AVE,	MIAMI, FLORIDA 33015
VP, D, S	MARIANELA NAVARRETE	19850 NW 83 AVE,	MIAMI, FLORIDA 33015

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 under section 119.07(3)(i), 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:

Maria Elena Navarrete
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/2003 (305) 382 3376
Date Daytime Phone #

CR2E081 (10/02)

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