

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -5 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007734

1. Corporation Name

The Crescendo Group, Inc.

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04/05/04--01078--001 **1050.00

REINSTATEMENT 02-03

2. Principal Office Address
4475 Sanctuary Lane

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33431

Country
USA

3. Mailing Office Address
4475 Sanctuary Lane

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33431

Country
USa

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/24/1996

5. FEI Number
65-0640582

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
Michael Palmieri

Street Address (P.O. Box Number is Not Acceptable)
4475 Sanctuary Lane

Suite, Apt. #, Etc.

City
Boca Raton

State **Zip Code**
FL 33431

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**

Date

REGISTERED AGENT MUST SIGN

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	Michael Palmieri	4475 Sactuary Lane	Boca Raton, FL 33431

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)