

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061211

1. Corporation Name

CGB, Inc.

2. Principal Office Address

3585 Boutwell Rd

Suite, Apt. #, etc.

#1

3. Mailing Office Address

3585 Boutwell Rd

Suite, Apt. #, etc.

#1

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0682523

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

Charles C. Barden

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

3585 Boutwell Rd

Suite, Apt. #, etc.

Bay #1

City

Lake Worth

State

FL

Zip Code

33461

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

Charles C. Barden

REGISTERED AGENT MUST SIGN

Date

5/17/04

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 |
|--------|--------------------------------------|---|----------------------|
| Pres | Barden, Charles C. | 3585 Boutwell Rd #1 | Lake Worth, FL 33461 |
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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:

Charles C. Barden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone

561-582-2400

CR2E081 (01/04)