

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000077014**

1. Corporation Name

PRIMARY CORPORATE GROUP, INC.

2. Principal Office Address

1840 WEST 49TH STREET

Suite, Apt. #, etc.

SUITE 410

City & State

HIALEAH, FL

Zip

33012

Country

U.S.A.

3. Mailing Office Address

1840 WEST 49TH STREET

Suite, Apt. #, etc.

SUITE 410

City & State

HIALEAH, FL

Zip

33012

Country

U.S.A.

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/96

5. FEI Number

65 072 8749

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

PAUL H. FREEMAN

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

1840 WEST 49TH STREET

Suite, Apt. #, Etc.

SUITE 410

City

HIALEAH

800021005113

06/19/03--01022--002 *\$75.00**

800021005113

06/19/03--01022--003 *\$75.00**

State

FL

Zip Code

33012

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

Paul H. Freeman

REGISTERED AGENT MUST SIGN

Date **6-18-03**

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
D/P	BRADLEY S. WEISS	1840 WEST 49 STREET, #410	HIALEAH, FL 33012

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:

Bradley S. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-03

Date

305-828-3888

Daytime Phone #

CR2E081 (10/02)

7/6/19