

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
K. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000016385

1. Corporation Name

CMG CONSULTING, INC.

Principal Place of Business

1201 MANOR DRIVE SOUTH
WESTON FL 33326

Mailing Address

1201 MANOR DRIVE SOUTH
WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1997

5. FEI Number

65-0734303

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GOLDBERG, CAMMI M	1201 MANOR DR. S.	WESTON FL 33326

400003027024--9
-10/27/99--01098--003
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

GOLDBERG, MARK H
10000 STIRLING ROAD
SUITE 1
COOPER CITY FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Cammi M. Goldberg
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-99

11. 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)(l), 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

Cammi M. Goldberg
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-99

CR25040 (8/99)

②

CMG CONSULTING, INC.

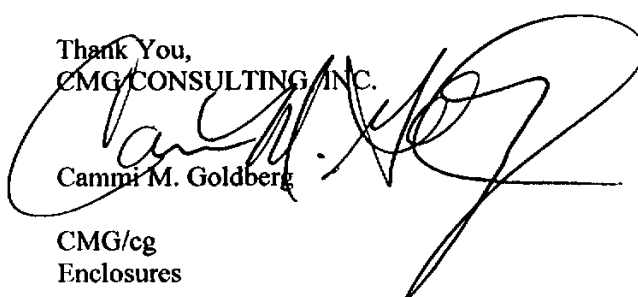
October 13, 1999

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: DOCUMENT #P97000016385

This letter states that I never received an annual report form. Enclosed please find my check for annual fee of \$150.00. If there is a problem with this reinstatement please call me at 954-578-2080.

Thank You,
CMG CONSULTING, INC.


Cammi M. Goldberg

CMG/cg
Enclosures