


PS/12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAR -4 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000 35997

1. Corporation Name
Consolidated Financial Group, Inc

2. Principal Office Address 6620 Southpoint DR. S. Suite 210 JACKSONVILLE, FL 32216 U.S.A.		3. Mailing Office Address 6620 Southpoint DR. S. Suite 210 JACKSONVILLE, FLORIDA 32216 U.S.A.	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3459225
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: Dennis R. Thompson, SR.
Street Address (P.O. Box Number is Not Acceptable): 6620 Southpoint DR. S. Suite 210
City: Jacksonville
State: FL Zip Code: 32216

900048436049
03/15/05--01050--025 **450.00


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: 3-3-05
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
C	Dennis R. Thompson, SR.	6620 Southpoint DR. S. Suite 210	JAX., FL 32216
P	Dennis R. Thompson, SR.	6620 Southpoint DR. S. Suite 210	JAX., FL 32216

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: Dennis R. Thompson, SR. 3/3/05
Date: 3/3/05 Daytime Phone #: 904-281-1426

CR2E081 (01/05)

PS 292

Consolidated Financial Group, Inc.
6620 Southpoint Dr. S., Suite 210
Jacksonville, FL 32216

March 3, 2005

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

Re: Document # P97000035997

To Whom It May Concern:

We have not been receiving our Corporation Annual Report Forms since 2003 at which time our status became inactive. At that time we moved from our location at 3030 Hartley Rd., Jacksonville, Fl. to our current address at 6620 Southpoint Dr. S., Suite 210, Jacksonville, FL 32216. These forms, I understand, have been returned to the Department of State for 2003, 2004 and 2005. We are requesting that you waive the \$600.00 reinstatement fee since this was an oversight. Enclosed is our check in the amount of \$450.00 to cover the filing fee for each year along with the Corporation Reinstatement Form.

Thank you for your attention to this matter.

Very truly yours,



Dennis R. Thompson, Sr.
Chief Executive Officer

Encl.

2005 MAR 03 10 58 AM EST