

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 AUG - 8 AM 9:57
 A SECRETARY'S OFFICE
 DIVISION OF CORPORATIONS

DOCUMENT # P97000063513
 1. Corporation Name
CGI CONSULTANT GROUP INTERNATIONAL CO.

2. Principal Office Address - No P.O. Box # 407 Lincoln Road		3. Mailing Office Address 407 Lincoln Road	
Suite, Apt #, etc. 9 A		Suite, Apt #, etc. 9 A	
City & State Miami Beach		City & State Miami Beach	
Zip 33139	Country USA	Zip 33139	Country USA

CP2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 07/23/1997	
5. FEI Number 65-0778257	Applied For <input type="checkbox"/> 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
Miguel A. Garcia

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

Suite, Apt #, etc.
9 A

City
Miami Beach

State
FL

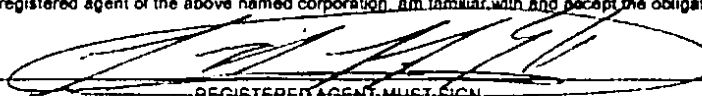
Zip Code
33139

000297577390
08/08/17--01007--028 **1000.00

000297577390
04/04/17--01022--011 **750.00

000297577390
08/08/17--01007--029 **50.00

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 **7/26/17**

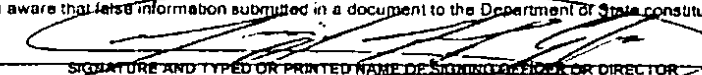
REGISTERED AGENT - MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Ceo	Miguel A. Garcia	8930 NE 8 Ave. # 901	Miami, FL 33138

10. E-mail Address: **cgi.miguel2016@gmail.com**
 (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:  **7/26/17** **7867818052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #