

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000014164**

1. Corporation Name

CG ACQUISITION COMPANY, INC.

Principal Place of Business

1280 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442

Mailing Address

1280 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1998

5. FEI Number

65-0817632

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
D	O'BOYLE, MARTIN	1280 W. NEWPORT CENTER DR.	DEERFIELD BEACH FL 33442
V	RING, WILLIAM F JR	1280 W NEWPORT CENTER DR	DEERFIELD BEACH FL 33442

500034550085

04/29/04--01017--006 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BOYLE, SHEILA
1280 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442

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. or 617.0505, F.S.

Signature of
Registered Agent

Sheila L O'Boyle
REGISTERED AGENT MUST SIGN

Date

4/27/04

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)(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:

William F. Ring **WILLIAM F. RING, VICE PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

954-360-1113

CR2E040 (7/03)



COMMERCE GROUP

April 27, 2004

Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: CG Acquisition Company, Inc.
FEIN# 65-0817632

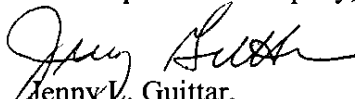
Dear Sir or Madame:

Enclosed is the form for the reinstatement of the above referenced entity. I hereby request that the Reinstatement Fee associated with CG Acquisition Company, Inc.'s Annual Report for 2003 be waived as I did not receive the notice for filing. I have enclosed a check for \$300.00 for this reinstatement.

Please do not hesitate to contact me at 954-570-3518 if you have any questions related to this request.

Sincerely,

CG Acquisition Company, Inc.


Jenny L. Guittar,
Controller

Enclosures