

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000017881

1. Corporation Name

CIG HOLDING CORPORATION

Principal Place of Business

PO BOX 1756  
PALM CITY FL 34991

Mailing Address

PO BOX 1756  
PALM CITY FL 34991

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

2. New Principal Office Address, If Applicable

PO BOX 1186

Suite, Apt. #, etc.

City & State  
PALM CITY FL

Zip  
34991

County  
MARTIN

3. New Mailing Office Address, If Applicable

PO BOX 1186

Suite, Apt. #, etc.

City & State  
PALM CITY FL

Zip  
34991

County  
MARTIN

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1998

5. FEI Number

65-0818317

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	STEINBERG, DANIEL J	PO BOX 1756 N/A	PALM CITY FL 34991
V	ROSE, JOHN	PO BOX 1756	PALM CITY FL 34991
S	MATAKETS, MIKE	PO BOX 1756	PALM CITY FL 34991
S/V	FILIFE, PAUL D	1103 SW KEATS AVE.	PALM CITY FL 34990
P/T	FILIFE, LEHR L.	" "	" "

8. Name and Address of Current Registered Agent

JONES, MATTHEW L ESQ.  
759 S FEDERAL HWY, STE 212  
STUART FL 34994

9. Name and Address of New Registered Agent

Name  
PAUL D. FILIFE  
Street Address (P.O. Box Number is Not Acceptable)  
1103 SW KEATS AVE.  
Suite, Apt. #, Etc.  
City  
PALM CITY  
State  
FL  
Zip Code  
34990

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/01

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL D. FILIFE 10/27/01 561-25-0587

# *C.I.G. Holding Corporation*

*PO Box 1186*

*Palm City, FL 34991*

*Phone: 561-283-7755 Fax: 561-220-2310*

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October 27, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

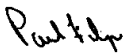
To Whom It May Concern:

Please find the attached application, check, and copy of my check stubs. I mailed my original on April 30, 2001 as can be seen from my check stubs. I called the bank and the check still has not cleared my account. I presume it got lost in the mail.

I am hereby submitting the attached application along with a check for the original amount of \$150.00. I do not feel I should be penalized, being I fulfilled my obligation on time.

Also, I did not receive the second notice mailed out on June 8<sup>th</sup>. This was probably due to all the changes that have occurred over the past year as you can see by my application. My address has changed along with all of my officers. Thank you for your cooperation and understanding regarding this matter. Please feel free to contact me at 561-285-0527.

Sincerely,



Paul Filipe  
President