

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **798000028897**

**1. Corporation Name**

THE CAUSEWAY CENTER GROUP, INC.

**2. Principal Office Address**

4536 Oak River Circle

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip

33594

Country

Hillsborough

**3. Mailing Office Address**

4536 Oak River Circle

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip

33594

Country

Hillsborough

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/30/1998

**5. FEI Number**

593511289

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

J. Wayne Hoffman

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

4536 Oak River Circle

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

**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

*J. Wayne Hoffman*  
REGISTERED AGENT MUST SIGN

Date **2/27/02**

**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
D	J. Wayne Hoffman	4536 Oak River Circle	Valrico, FL 33594

**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.**

813-571-9952

SIGNATURE:

*J. Wayne Hoffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/02**  
Date

**813-571-9952**  
Daytime Phone #

CR2E081 (9/01)

2002

**THE CAUSEWAY CENTER GROUP, INC.**  
**4536 Oak River Circle**  
**Valrico, Florida 33594**  
**(813) 571-9952**

February 27, 2002

Department of State  
Division of Corporations  
ATTN: Reinstatement Section  
409 East Gaines Street  
Tallahassee, FL 32399

Re: *The Causeway Center Group, Inc.*  
*FEI #593511289*

Dear Sir/Madam:

For the above-referenced corporation, please accept our application for reinstatement. We are hereby requesting that you waive the penalty fee due to the fact that we never received the year 2000 Annual Report. Enclosed is our Corporation Reinstatement application showing our new address along with a cashier's check in the amount of \$450.00 made payable to the Florida Department of State. We appreciate your processing this Reinstatement at your earliest convenience.

Very truly yours,

THE CAUSEWAY CENTER GROUP, INC.



J. Wayne Hoffman

Enc.