

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



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

FILED
Dec 06 1999 8:00 am
Secretary of State

DOCUMENT # P98000031514

1. Corporation Name

CENTURION INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~12769 W. Forest Hill Blvd.~~
~~Suite E-~~
~~Wellington, FL 33414~~

~~12769 W. Forest Hill Blvd.~~
~~Suite E-~~
~~Wellington, FL 33414~~

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

2. New Principal Office Address, if Applicable
12773 W. Forest Hill Blvd.

3. New Mailing Office Address, if Applicable
12773 W. Forest Hill Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida 04/06/1998

Suite, Apt. #, etc.
Suite 1201

Suite, Apt. #, etc.
Suite 1201

5. FEI Number
65-0883319

Applied For
Not Applicable

City & State
Wellington, FL

City & State
Wellington, FL

Zip
33414

Country

Zip
33414

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Schaller, George	12773 W. Forest Hill Blvd. Suite 1201	Wellington, FL 33414
D	Gogola, Steven A.	12773 W. Forest Hill Blvd. Suite 1201	Wellington, FL 33414
			200003071432--1
			12/15/99 01076 013
			****750.00 ****750.00
			TS
			REINSTATEMENT 99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Porro, Hilda M., Esq.
12773 W. Forest Hill Blvd.
Suite 1201
Wellington, FL 33414

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-30-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

[Signature]

11-30-99

Date

Daytime Phone #

CP25061 (12/98)