


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000086558**

1. Corporation Name
Communications Consultants Group, Inc

2. Principal Office Address
5670 Leitner Dr. W

3. Mailing Office Address
5670 Leitner Dr. W.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33067

Country
USA

Zip
33067

Country
USA

FILED

03 MAR -7 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified To Do Business in Florida **10/6/98**

5. FEI Number **65-0868566**

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Karen Peterson**

Street Address (P.O. Box Number is Not Acceptable)
5670 Leitner Drive W

Suite, Apt. #, Etc.

City **Coral Springs**

State **FL**

Zip Code **33067**

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03/07/03--01049--012 **1200.00

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 **X**

REGISTERED AGENT MUST SIGN

Date **X**

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
PO	Karen Peterson	5670 Leitner Dr W	Coral Springs, FL 33067

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)(X), 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: **X Karen Peterson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/28/03**

Daytime Phone # **(954) 255-9419**

CREATED 1/10/03