

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 28 AM 11:12

**DOCUMENT # P99000042098**

**1. Corporation Name**  
CIMA TECHNOLOGY GROUP INC.

**2. Principal Office Address**

14256 NW 21 ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33028

Country

BROWARD

**3. Mailing Office Address**

14256 NW 21ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33028

Country

BROWARD

500004719615--4

-12/12/01--01004--008

\*\*\*150.00 \*\*\*150.00

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

05/04/1999

**5. FEI Number**

65-0966275

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

DE BOCCALON, LLARIZA H

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

14256 NW 21 ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

**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

*Llariza Boccalon*  
REGISTERED AGENT MUST SIGN

Date 11-21-01

**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	BOCCALON, VICTOR M	14256 NW 21 ST	PEMBROKE PINE FL 33028
D	BOCCALON, MIGUEL ANGEL	14256 NW 21 st	PEMBORKE PINE FL 33028
D	BOCCALON, YOHANNA	14256 NW 21 ST	PEMBROKE PINE FL 33028

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-01

Date

Daytime Phone #

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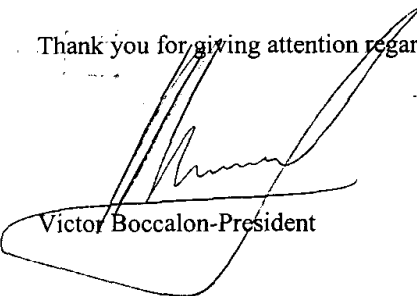
November 21, 2001

Cima Technology Group Inc.  
14256 NW 21 ST  
Pembroke Pines, FL 33028

Division of Corporations  
Tallahassee, FL

We did not receive the annual report, for this reason we urge you to allow us to renew our corporation for the amount of \$150.00. We have included a completed annual report that was downloaded from the Internet and a check for \$150.00.

Thank you for giving attention regarding this matter,



Victor Boccalon-President