

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

152

CORPORATION
REINSTATEMENT
UBK
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 NOV 18 PM 6:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

000009047480
 11/18/02--01052--010 **150.00

DOCUMENT # P99000085614
 1. Corporation Name
 CNT FINANCIAL GROUP, INC.

2. Principal Office Address		3. Mailing Office Address	
2455 HOLLYWOOD BLVD		2455 HOLLYWOOD BLVD	
Suite, Apt. #, etc. STE 312		Suite, Apt. #, etc. STE 312	
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA	
Zip 33020	Country U.S.	Zip 33020	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 09/28/1999	
5. FEI Number 65-0967276	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
 DANIEL K. CASMAS

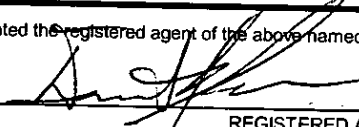
Street Address (P.O. Box Number is Not Acceptable)
 2550 NORTH 38TH AVE

Suite, Apt. #, Etc.

City
 HOLLYWOOD

State FL	Zip Code 33021
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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.

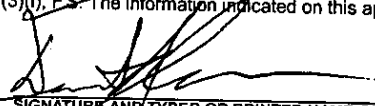
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: 11/14/02

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	DANIEL CASMAS	2550 NORTH 38TH AVE	HOLLYWOOD, FL 33021
D	DORSCHA TUGULTSCHINOW	12748 S.W. 17TH TERR	MIAMI, FL 33175

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:  DANIEL CASMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/14/02

Daytime Phone #: 954-966-0308

CR2E081 (9/01)
 Sign

Sign

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ADAIR, FULLER, WITCHER & MALCOM, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

MICHAEL R. ADAIR
STEVEN E. FULLER
TERRELL W. WITCHER
WILLIAM A. MALCOM

TRADE CENTRE SOUTH
100 WEST CYPRESS CREEK ROAD, SUITE 1045
FORT LAUDERDALE, FLORIDA 33309-2115

FAX: 954-491-9792
954-491-9790

November 7, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CNT Financial Group, Inc.
EIN: 65-0967276
2002 Corporation Reinstatement Form

Dear Sir or Madam:

We are responding, on behalf of the aforementioned corporation, to your notice dated October 4, 2002 (copy enclosed).

Your notice administratively dissolved the corporation. We would like to have the reinstatement fee abated due to reasonable cause as stated below:

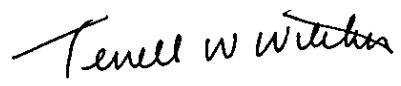
- The taxpayer had not received any notices or forms notifying them as to the filing deadline.
- The taxpayer has always filed their annual report in January on a timely basis

As such, we respectfully request that the reinstatement fee be waived.

Please call if you have any questions or need additional information.

Sincerely,

ADAIR, FULLER, WITCHER & MALCOM, P.A.



Terrell W. Witcher

TWW/dy
Enclosure
cc: Daniel K. Casmas