PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 DEC 29 PM 1:01

DOCUMENT # P99000107710

400307199554
12/29/17--01012--011 **750.00

CR2E031 (11/10)

1. Corporation Name

# CMGINTDG, INC.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 4466 ALTON ROAD | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI BEACH, FL | City & State: |
| Zip: 33140 / Country: | Zip: / Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1999

5. FEI Number: 65-0987046 — 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: CARLOS H. GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable): 4466 ALTON ROAD

Suite, Apt. #, Etc.:

City: MIAMI BEACH | State: FL | Zip Code: 33140

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: _____ Date: _____

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| P/D | CARLOS H. GUTIERREZ | 4466 ALTON ROAD | MIAMI BEACH, FL 33140 |
| V/D | MILDA T. GUTIERREZ | 4466 ALTON ROAD | MIAMI BEACH, FL 33140 |
| S/D | JAIME R. GUTIERREZ | 4466 ALTON ROAD | MIAMI BEACH, FL 33140 |
| | | | |
| | | | |
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10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. CHGINTDG, INC. P99000107710
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

17 DEC 29 11:09

☐ Walk-In ☑ Pick up time: _____ ☐ Certified Copy ☐ Certificate Of Status

| New Filings | |
|---|---|
| | Profit |
| | Non-Profit |
| | Limited Liability |
| X | Other: Reinstatement |

| Amendments | |
|---|---|
| | Amendments |
| | Resignation |
| | Dissolution/Withdrawal |
| | Other: |

| Other Filings | |
|---|---|
| | Annual Report |
| | Fictitious Name |
| | Apostille: |
| | Other: |

| Examiners Initials | |
|---|---|