

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 18 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110408

1. Corporation Name

CSF Group, Inc.

400004416884--3
-06/13/01--01012--029
****908.75 ****908.75

2. Principal Office Address

225 Main Street

Suite, Apt. #, etc.

Suite C

City & State

Safety Harbor, FL

Zip

34695

Country

USA

3. Mailing Office Address

225 Main Street

Suite, Apt. #, etc.

Suite C

City & State

Safety Harbor, FL

Zip

34695

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/99

5. FEI Number

59-3614332

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

Richard D. Chiarelli

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

225 Main Street

Suite, Apt. #, Etc.

Suite C

City

Safety Harbor

State

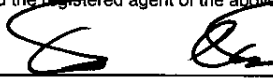
FL

Zip Code

34695

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

5-14-01

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
PD	Richard D. Chiarelli	225 Main Street Suite C	Safety Harbor, FL 34695
SD	Marvin L. Sponaugle	225 Main Street Suite C	Safety Harbor, FL 34695
TD	Ralph V. Frasca, Jr	225 Main Street Suite C	Safety Harbor, FL 34695

REINSTATEMENT 00-4178

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:



5-14-01 RICHARD D. CHIARELLI

727-669-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #