

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -7 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

508574

1. Corporation Name

CGN Enterprise Inc.

2. Principal Office Address

2500 E. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

Zip Country  
33306 USA

**REINSTATEMENT** 97-150

4. Date Incorporated or Qualified  
To Do Business in Florida

11/90

5. FEI Number

65-0224206

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

JANE ANNE MORTON

300003136593-2

-02/16/00--01006--003

\*\*\*1200.00 \*\*\*1200.00

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

5753 Madison St.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

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

2/2/00

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
Pres	JANE ANNE MORTON	5753 Madison St.	Hollywood FL 33023
V.P.	Dennis P. Morton	Same	

**KE**

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:

(JANE ANNE MORTON) Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/00 954-564-7579

Daytime Phone #

CR2E081 (9/99)