

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 18 PM 4:15

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # S83445

1. Corporation Name

Capital Management Consultants Group, Inc

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**

9/27/91

5. FEI Number

59-3085926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 64-01

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

REGISTERED AGENT MUST SIGN

Date 5-14-01

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
PSTD	Richard D. Chiarelli	225 Main Street Suite C	Safety Harbor, FL 34695

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

Date

Daytime Phone #

5-14-01 RICHARD D. CHIARELLI

727-669-5881