

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 25 PM 3:21

DOCUMENT # V62994

1. Corporation Name

The Full Circle Group Inc

2. Principal Office Address

620 Azalea Ct

3. Mailing Office Address

620 Azalea Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation

City & State

Plantation, FL

Zip

FL

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/92

5. FEI Number

65-0358132

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

Anthony V. Thomas

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

620 Azalea Ct

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

Anthony V. Thomas

Date 6/20/01

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
Pres	Anthony V. Thomas	620 Azalea Ct	Plantation, FL 33317

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:

Anthony V. Thomas

Anthony V. Thomas

Date

6/20/01

Daytime Phone #

954

214-9374

CR2001 (9/01)