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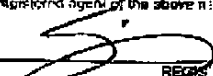
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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000020896					
1. Limited Liability Company's Name EGM Consulting, LLC					
2. Principal Office Address 2303 NW 2nd Avenue			3. Mailing Office Address 2303 NW 2nd Avenue		
Subs., Apt. #, etc.			Subs., Apt. #, etc.		
City & State Miami, FL		City & State Miami, FL		4. State/Country of Formation Florida/US	
Zip 33127		Country US		5. Date Organized or Qualified To Do Business in Florida 08/15/02	
6. FEI Number 470920381				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				AS 90 Additional Certificate for a Certificate of Status	

CR2E041 (8/05)

8. Name and Address of Current Registered Agent	
Name Company Management Services, LLC	
Street Address (P.O. Box Number is Not Applicable) 8788 SW 8th Street	
Subs., Apt. #, Etc.	
City Miami	State Zip Code FL 33174

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **10/10/06**

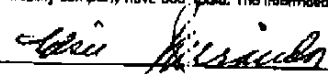
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
Mgr	Elsie Miranda	2303 NW 2nd Avenue	Miami, FL 33127

REINSTATEMENT *04-04*

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature will have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date **10/10/06** Daytime Phone # **305-573-6292**

Typed or printed name of signing Managing Member/Manager **Elsie Miranda**

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Florida Department of State 2006 OCT 10 AM 8:34
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LIMITED LIABILITY REINSTATEMENT

EGM CONSULTING, LLC

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