

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 MAY 18 AM 2:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P03000093186

1. Corporation Name

ER Logix Consulting, Inc.

2. Principal Office Address - No P.O. Box # 2950 NW 22nd Terrace

3. Mailing Office Address 2950 NW 22nd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Pompano Beach

City & State Pompano Beach

Zip FL Country 33069

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4. Date Incorporated or Qualified To Do Business in Florida 08/21/03

5. FEI Number 134262610

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name RICHARD BROWN

Street Address (P.O. Box Number is Not Acceptable) 2950 NW 22nd Terrace

Suite, Apt. #, Etc.

City Pompano Beach

State FL Zip Code 33069

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date MAY 16, 2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Richard Brown	2950 NW 22nd Terrace	Pompano Beach, FL 33069

REINSTATEMENT 05-07

BS/25/07

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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 contained in Chapter 119, 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]

RICHARD BROWN

MAY 16-07 905-699-8970

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #