PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P97000078453

1. Corporation Name

SECRETARY OF STATE TALLAHASSES, FLORIDA SAVARICK CONSULTING GROUP, INC. Principal Place of Business Mailing Address 3935 NW 58TH ST 3935 NW 58TH ST **BOCA RATON FL 33496 BOCA RATON FL 33496** 200024480562 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 70E /03=-01042--022 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 09/10/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0779776 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title (s) City / State / Zip and/or Directors Officer and/or Director **29**G savarick: Martin- 3935 NW-68TH-8T BOGA RATON FL-33496-SAVARICK, JAN 3935 NW 58TH ST BOCA RATON FL 33496 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Jan Savaric BARITZ, NEIL S Street Address (P.O. Box Number is N 150 E. PALMETTO PARK RD # 750 BOCA RATON PL-33432 Suite, Apt. #, Etc. 10. I, being appointed the registered agent of the above named corporation, am amiliar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of REGISTERE 11. I certify that I am an officer or director or the receiver or trastee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 AME OF SIGNING OFFICER OR DIRECTOR

FII ED

03 NOV -6 AM 9: 36

Savarick Consulting Group, Inc.

3935 NW 58th Street, Boca-Raton, Florida 33496 (561) 997-0402 Fax (561) 997-0402 SavarickGroupInc@aol.com

November 3.2003

Department of State.

Division of Corporations
P. O. Box 6327

Tallahassee. FL 32314

Re Doc # P97000078453
FEI.# 65-0779776
Application for Reinstatement
Savarick Consulting Group, Inc.

To Whom it May Concern

Enclosed please find an Application for Reinstatement for Savarick Consulting Group, Inc. Also, enclosed you will find my check in the amount of \$158.75 representing the following:

Annual Report Fee \$61.25

Corporate Supplemental Fee \$88.75

Certificate of Status \$8.75

Total \$158.75

I am asking you to consider waiving the \$600.00 reinstatement fee. This was the first notice I received regarding the 2003 Corporation Annual Report. My husband and I divorced this year, and he assigned his interest in the corporation to me inasmuch as I was generating the consulting income. I don't know what happened to the prior. Notices, but I did not receive them. I would appreciate any consideration you could give me with regard to the reinstatement fee.

Thank you in advance for your assistance in this matter.

Sincerely

Jan Savarick