1000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EORM.

CORPORATION REINSTATEMENT DOCUMENT # P9900	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 0028330 earch Group, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	***	REINSTATEMENT
2. Principal Office Address 1825 Main St. S.201	3. Mailing Office Address Same	800023806598 10/15/0301024025 **150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For Not Applicable
Zip Country 4 S A	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite 2600 City Miami FL State Zip Code FL 33131		
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 9 26 03		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City Care 17		
Titles Officers and/or Directors	Officer and/or Director	
D Charles lambur	- 11 105 m (1) a' 1) lu	S.201 Weston, FL 33324
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 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:		
	NTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



REPLY TO:

Miami

WRITER'S DIRECT LINE

(305) 536-8452

E-Mail:

jt@tewlaw.com

Web Site: www.tewlaw.com

Tew Cardenas Rebak
Kellogg Lehman
DeMaria Tague
Raymond & Levine, L.L.P.

ATTORNEYS AT LAW

September 26, 2003

Secretary of State of Florida Corporations P O Box 6327 Tallahassee, Florida 32314

RE:

Capital Research Group, Inc.

Corporation Reinstatement

Gentlemen:

This will confirm that we did not receive the 2003 Uniform Business Report. We were unaware that the company had been administratively dissolved. Pursuant to our conversation enclosed is the Corporation Reinstatement and our check in the amount of \$150.

Please return the certified copies to the attention of the undersigned. Thank you for your cooperation with this matter.

Very truly yours,

JT:jb Enclosure