

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001151**

1. Corporation Name

HURON MANAGEMENT GROUP, INC.

Principal Place of Business

228 S.W. 21ST TERRACE
FORT LAUDERDALE FL 33312

Mailing Address

228 S.W. 21ST TERRACE
FORT LAUDERDALE FL 33312



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 07

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/28/2001

5. FEI Number

65-1076943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	LEVINE, ERIC	228 S.W. 21ST TERRACE	FORT LAUDERDALE FL 33312
PD	LINDEMANN, HAROLD E II	228 S.W. 21ST TERRACE	FORT LAUDERDALE FL 33312
STD	VON KATLE, PHILIP J	228 S.W. 21ST TERRACE	FORT LAUDERDALE FL 33312

300024169739
10/27/03--01070--024 **750.00

8. Name and Address of Current Registered Agent

LINDEMANN, HAROLD
228 SW 21ST TERRACE
FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-17-03

11. 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:

[Signature]

HAROLD Lindemann

10-17-03

954-587-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

X 214

CR2E040 (7/03)