ATX1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Jim Smith** Secretary of State DIVISION OF CORPORATIONS

FILED

0L JUN -9 PM 2: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020626

200035441762
06/08/04--01027--001 **100.00

200035441762
05/05/04--01015--018 **100.00

1. Limited Liability Company's Name
T&G Consulting & Management, LLC

2. Principal Office Address

1107 Rockport Circle

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip	Country
33467	

3. Mailing Office Address

Suite, Apt. #, etc.

reject $

Zip

4. State/Country of Formation   Florida

5. Date Organized or Qualified To Do Business in Florida ,   8/13/2002

6. FEI Number   02-0638021 | Applied For | Not Applicable |

7. CERTIFICATE OF STATUS DESIRED   [ ] $5 00 Additional Fee required for a Certificate of Status

8. N. ...   gistered Agent

Name
Guillermo Cuevas

Street Address (P.O. Box Number is Not Acceptable .
7701 Rockport Circle

Suite, Apt. #, Etc.

City	State	Zip Code
Lake Worth	FL	33467

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 _____

REGISTERED AGENT MUST SIGN

Date 04/13/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Guillermo Cuevas	7701 Rockport Circle	Lake Worth, FL 33463
MGR	Tracey Rizzitello	7701 Rockport Circle	Lake Worth, FL 33463

REINSTATEMENT 2003-04

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 608.406, 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 shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____   Date 04/13/04   Daytime Phone # 954.444-1978

Typed or printed name of signing Managing Member/Manager   Guillermo F. Cuevas