

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000005861 1. Entity Name MCG CONSULTING, LLC.		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC 27 AM 9:44	
Principal Place of Business 2995 SW 117TH AVENUE DAVIE, FL 33330 US		Mailing Address 2995 SW 117TH AVENUE DAVIE, FL 33330 US	
2. Principal Place of Business 15137 SW 36th Street		3. Mailing Address 15137 SW 36th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FLORIDA		City & State DAVIE, FLORIDA	
Zip 33331		Zip 33331	
Country USA		Country USA	
6. Name and Address of Current Registered Agent HINCAPIE, GUILLERMO 10391 NW 18TH PLACE PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>G Hincapie - Guillermo Hincapie</u> DATE <u>12/23/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINCAPIE MCGRIL, CATHERINE 2995 SW 117TH AVENUE DAVIE, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800064017338 01/19/06--01006--028 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINCAPIE, OSCAR 2995 SW 117TH AVENUE DAVIE, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>G Hincapie - Guillermo Hincapie</u> DATE <u>12/23/05</u> RX-476-8363 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			