

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M01000002695

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M01000002695
Name and Mailing Address

2002 OCT 31 AM 10:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0011529 01 SP 0.370 **SNGLP 0615 33304

OMEGA CONSULTING GROUP, LC
2455 E. SUNRISE BLVD, MEZZANINE
FT LAUDERDALE FL 33304



2. New Mailing Address 4380 OAKES ROAD, SUITE 800 City, State, Zip DAVIE, FL 33314		4. State/Country of Formation OC
3. New Principal Place of Business Address 2455 E. SUNRISE BLVD, MEZZANINE 4380 OAKES RD, SUITE 800 City, State, Zip FT. LAUDERDALE, FL 33314		5. Date Organized or Qualified To Do Business in Florida 11/30/2001
Principal Place of Business 2455 E. SUNRISE BLVD, MEZZANINE FT LAUDERDALE FL 33304	6. FEI Number NOT APPLICABLE	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent FIERRO, ANN 9 NAVARRO ISLE FT LAUDERDALE FL 33301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 1000008733971 10/31/02--01110--007 **150.00 FL Zip Code		

10. 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 Ann C. Fierro Date 10/28/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FIERRO, ANN	9 NAVARRO ISLE	FT LAUDERDALE FL

REINSTATEMENT 2002

12. 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 Ann C. Fierro Date 10/28/02 Daytime Phone # 954-564-4321

Typed or printed name of signing Managing Member/Manager ANN C. FIERRO

CR2E084 (8/02)