

FLORIDA DEPARTMENT OF STATE			
APPLICATION FOR REINSTATEMENT		Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000101864 / 1. Corporation Name D.P.D. CONSULTING GROUP, INC.		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUL -1 PM 3:24 REINSTATEMENT 03-04	
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 800 PARKVIEW DRIVE Suite, Apt. #, etc. 22 PH 1018 City & State 23 HALLANDALE FL Zip 24 33009		2a. Mailing Address 26 800 PARKVIEW DRIVE Suite, Apt. #, etc. 27 PH 1018 City & State 28 HALLANDALE FL Zip 29 33009	
3. Date Incorporated or Qualified 10/30/2000		3a. Date of Last Report 2002	
4. FEI Number 65-1051349		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name MICHAEL A. SCHWARTZ	
		82 Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD.	
		83 SUITE 508	
		84 City HOLLYWOOD FL 85 Zip Code 33020	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>E.S. Davila</i> Michael A. Schwartz by E.S. Davila as attorney-in-fact 6-31-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME TED O. MILFORD III STREET ADDRESS 800 PARKVIEW DRIVE CITY-ST-ZIP HALLANDALE, FL 33009		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900039016199 07/12/04--01045--010 **300.00
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address. SIGNATURE <i>E.S. Davila</i> TED O. MILFORD III by E.S. Davila as attorney-in-fact 6/30/2004 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: D.P.D. CONSULTING GROUP, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003 and 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by E.S. Davila as attorney-in-fact

Name: TED O. MILFORD III

Title: Director

Date: 6-30-04