

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 17 PM 3:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000061195**

1. Corporation Name

CONCEPT SOLUTIONS GROUP, INC.

Principal Place of Business

Mailing Address

13701 SW 88 STREET
 300
 MIAMI FL 33186

13701 SW 88 STREET
 300
 MIAMI FL 33186

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

2. New Principal Office Address, If Applicable
201 South Biscayne Blvd.

3. New Mailing Office Address, If Applicable
201 South Biscayne Blvd.

Suite, Apt. #, etc.
28th FL.

Suite, Apt. #, etc.
28th FL.

City & State
Miami FL.

City & State
Miami, FL.

Zip Country
33131 U.S.

Zip Country
33131 U.S.



REINSTATEMENT **03**

4. Date Incorporated or Qualified To Do Business in Florida

06/20/2001

5. FEI Number

65-1114196

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
P	MARTINEZ, ANTHONY	201 South Biscayne Blvd.	MIAMI FL 33131

10/12/03
 500023871295
 10/17/03-01024-012 **150.00
 10/17/03-01024-012 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **ANTHONY MARTINEZ / Concept Solutions Group, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd.
 Suite, Apt. #, Etc.
28th FL.
 City **Miami** State **FL** Zip Code **33131**

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

Anthony Martinez
 REGISTERED AGENT MUST SIGN

Date

10/12/2003

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

Anthony Martinez
ANTHONY MARTINEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

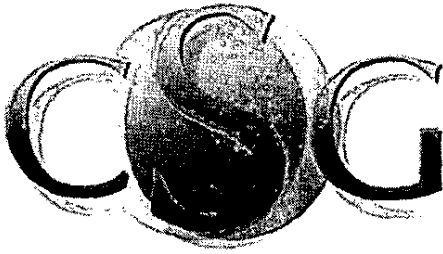
Date

10/12/2003

Daytime Phone #

305-380-9910

CR2E040 (7/03)



Miami Center
201 South Biscayne Blvd
Miami, FL 33131

Tel: 305-380-1990
Fax: 305-574-7973

Website: www.conceptsolutions.net

VIA CERTIFIED MAIL

October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

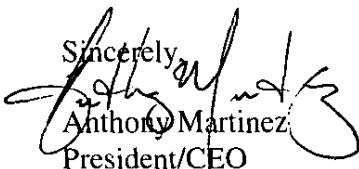
To Whom It May Concern:

Please be advised that this corporation has not received an annual report for this year and is requesting that the additional fees be waived. As of this date, the Division of corporations continues to send mail to 13701 North Kendall Drive Suite 300, even though a letter was sent indicating the change of suite. In addition, a filing for correcting information was filed you're your office to wit no avail.

As of October 1, 2003 our new office address is 201 South Biscayne Blvd., 28th Floor, Miami, FL, 33131. Attached is an Application For Reinstatement along with a check for \$150.00.

Please feel free to contact me directly if you have any questions or comments.

Sincerely,



Anthony Martinez
President/CEO