

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000024297

FILED  
Oct 01, 2009  
Secretary of State

**Entity Name:** DEVELOPMENT CONSULTING GROUP INTERNATIONAL CORP.

**Current Principal Place of Business:**

2385 EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431

**New Principal Place of Business:**

1521 ALTON ROAD  
SUITE 422  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

2385 EXECUTIVE CENTER DRIVE  
BOCA RATON, FL 33431

**New Mailing Address:**

1521 ALTON ROAD  
SUITE 422  
MIAMI BEACH, FL 33139

**FEI Number:** 01-0637913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OVIDE VAL & ASSOCIATES  
1031 IVES DAIRY  
SUITE 228  
NORTH MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

HERICKSON, ACCIME  
1521 ALTON ROAD  
SUITE 422  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: HERICKSON ACCIME

10/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERICKSON, ACCIME  
Address: 2385 EXECUTIVE CENTER DRIVE, SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HERICKSON, ACCIME  
Address: 1251 ALTON ROAD, SUITE 422  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERICKSON ACCIME

P

10/01/2009

Electronic Signature of Signing Officer or Director

Date