
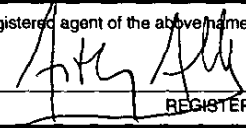
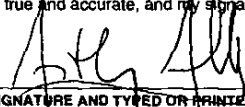


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | | | |
|--|--|---|---------------------------|--|--|--|--|
| CORPORATION REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | OCT 31 PM 3:06 TALLAHASSEE, FLORIDA | |
| DOCUMENT # 02000029316 | | | | | | | |
| 1. Corporation Name Envision Consulting Group, Inc. | | | | | | | |
| 2. Principal Office Address 2900 Middle Street Suite, Apt. #, etc. 7th Floor City & State Coconut Grove, FL Zip 33133 Country USA | | | | 3. Mailing Office Address Same Suite, Apt. #, etc. City & State City & State Zip Country | | | |
| | | | | REINSTATEMENT 03 | | | |
| | | | | 4. Date Incorporated or Qualified To Do Business in Florida 03/12/02 | | | |
| | | | | 5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable | | | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent | | | | | | | |
| Name Anthony Albelo | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2900 Middle Street 900024329139 Suite, Apt. #, Etc. 7th Floor 10/31/03--01025--009 **158.75 | | | | | | | |
| City Coconut Grove, FL State FL Zip Code 33133 | | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 10/29/03 REGISTERED AGENT MUST SIGN | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | | | | |
| PRES | Anthony Albelo | 2900 Middle Street | Cocout Grove, FL 33133 | | | | |
| V.P. | Nedda Ryan | 2900 Middle Street | Coconut Grove, FL 33133 | | | | |
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| | | | | | | | |
| 10. 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 ALBELO PRES. 10/29/03 305-206-8252 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |

CR28081 (10/02)



October 29, 2003

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

RE: Envision Consulting Group, Inc. Reinstatement Fee Waiver

To Whom It May Concern:

We were recently notified that our corporation had been administratively dissolved by your department for the lack of annual filing. We have still never received an annual report form for our corporation.

Recently, we have retained the services of PricewaterhouseCoopers to serve as our accounting and auditing firm. I believe that with their help, this small error will be avoided in the future and our annual filings will occur regularly.

Thank you for your help on the phone and for having a very complete website.

Sincerely,


Anthony Albello
President

cc: Jaime.A.Rivera@us.pwc.com