

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 PM 4:03

DOCUMENT # P02000040058

1. Corporation Name

SPECIALIZED CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

11093 NW 44 TERR
MIAMI FL 33178

11093 NW 44 TERR
MIAMI FL 33178



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3658797

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	SUAREZ GONZALEZ, CONCEPCION	11093 NW 44 TERR	MIAMI FL 33178

700024054407
10/23/03--01078--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUAREZ GONZALEZ, CONCEPCION
11093 NW 44 TERR
MIAMI FL 33178

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

Suarez

Date

REGISTERED AGENT MUST SIGN

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:

Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/03

CR2E040 (7/03)

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SPECIALIZED CONSULTING GROUP, INC.
1093 N.W. 44TH TERRACE
MIAMI, FL 33178

October 14, 2003

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

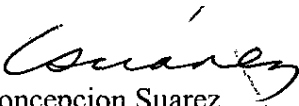
Re: SPECIALIZED CONSULTING GROUP, INC.
P02000040058

Gentlemen:

As per your instruction I hereby request the abatement of the penalty for the annual report. I never received this document at any time before this. In my business I am required to travel frequently but I personally make sure that my mail is very well organized and taken care of.

Enclosed please find my check for the \$150.00 and would greatly appreciate your consideration since this is a new business and just starting.

Sincerely yours,


Concepcion Suarez
President