


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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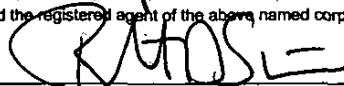
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06 AUG 16 AM 7:26
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030277
1. Corporation Name
Essex Capital Group, Inc.
P03000030277

2. Principal Office Address 4702 W. San Jose St. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33629	Country USA	Zip	Country

REINSTATEMENT 04-06	
4. Date Incorporated or Qualified To Do Business in Florida 3/14/2003	
5. FEI Number 65-1180214	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

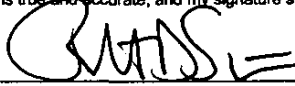
7. Name and Address of Current Registered Agent		
Name Robert D. Swain		
Street Address (P.O. Box Number is Not Acceptable) 4702 W. San Jose St.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33629

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** 8/14/06
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.	Robert D. Swain	4702 W. San Jose St	Tampa, FL 33629

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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 contained in Chapter 119, 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:  **Date** 8/14/06 **Daytime Phone #** 391-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell AUG 17 2006