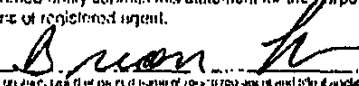
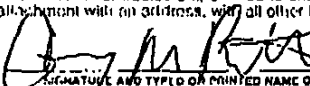


DEC-23-04 THU 06:39 PM

FAX NO.

P. 03/03

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000066967			
1. Entity Name PORTER CONSULTING GROUP, INC.		FILED 05 JAN -4 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 320 SOUTH FLAMINGO ROAD 303 PEMBROKE PINES, FL 33027		Mailing Address 320 SOUTH FLAMINGO ROAD 303 PEMBROKE PINES, FL 33027	
2. Principal Place of Business		3. Mailing Address 2 S. University Drive Suite 215	
State, Apt. #, etc.		City & State Plantation, FL	
City & State		4. FEI Number 80-0071642	
Zip 33324		Country US	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARC, KEN 17011 NW 17 STREET PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name: Brian Lynn Street Address (P.O. Box Number is Not Acceptable) 2 S. University Drive, Suite 215 City: Plantation FL 33324	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		1/5/04	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CRAIG 320 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGA, CARMELA 320 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600045481496 01/27/05--01014--015 **30.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNYON, CLAYTON 320 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, LIVINGSTON 320 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, REGINA 320 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/10/04--01010--001 **120.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(X), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		PAGES SIGN & DATE 4/6/04 954437-9576	