2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000066967

1. Entity Name
PORTER CONSULTING GROUP, INC.

FILED
05 JAN -4 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
320 SOUTH FLAMINGO ROAD 303 PEMBROKE PINES, FL 33027	320 SOUTH FLAMINGO ROAD 303 PEMBROKE PINES, FL 33027

11052004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc	Street, Apt. #, etc: 2 S. University Drive Suite 215
City & State	City & State: Plantation, FL
Zip / Country	Zip: 33324 Country: US

4. FEI Number: 80-0071642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARC, KEN 17011 NW 17 STREET PEMBROKE PINES, FL 33027	Name: Brian Lynn Street Address (P.O. Box Number is Not Acceptable) 2 S. University Drive, Suite 215 City: Plantation FL Zip: 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: Brian L 11/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (Date)

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	☐ Delete	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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 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	☐ Delete	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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTER, REGINA 320 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12/10/04--01018--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(3)(i), 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.

Please SIGN & DATE

SIGNATURE: [signature] 11/6/04 954 437-9576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)