
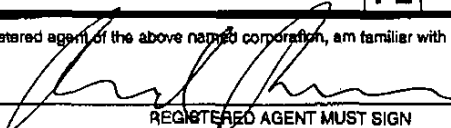
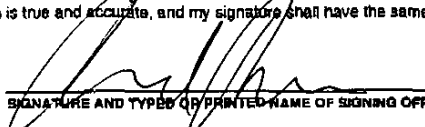


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 18 AM 2:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 903000093186 1. Corporation Name ER Logix Consulting, Inc.																																	
2. Principal Office Address - No P.O. Box # 2950 NW 22nd Terrace Suite, Apt. #, etc.		3. Mailing Office Address 2950 NW 22nd Terrace Suite, Apt. #, etc.		CR2E081 (1/07)																													
City & State Pompano Beach		City & State Pompano Beach		4. Date Incorporated or Qualified To Do Business in Florida 08/21/03																													
Zip FL	Country 33069	Zip FL	Country 33069	5. FEI Number 134262610 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
7. Name and Address of Current Registered Agent Name RICHARD BROWN Street Address (P.O. Box Number is Not Acceptable) 2950 NW 22nd Terrace Suite, Apt. #, Etc. City Pompano Beach State FL Zip Code 33069				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																													
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  REGISTERED AGENT MUST SIGN Date MAY 16, 2007																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DPST</td> <td>Richard Brown</td> <td>2950 NW 22nd Terrace</td> <td>Pompano Beach, FL 33069</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPST	Richard Brown	2950 NW 22nd Terrace	Pompano Beach, FL 33069																				
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REINSTATEMENT 05-07 <i>BS/25/07</i>																																	
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:  RICHARD BROWN DATE MAY 16-07 DAYTIME PHONE # 905-699-8970																																	