


2006 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P03000107645 | |  |
| 1. Entity Name TOLBERT CONSULTING GROUP, INC. | | |

FILED
06 OCT 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 18755 SABAL ST ORLANDO, FL 32833 | Mailing Address 18755 SABAL ST ORLANDO, FL 32833 |
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| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

10112006 REIN-P CR2E098 (11/05)

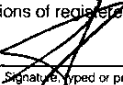
| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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|-----------------------------|-------------------------------|
| 4. FEI Number 37-1476204 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TOLBERT, SIAFA R 18755 SABAL ST. OALANDO, FL 32833 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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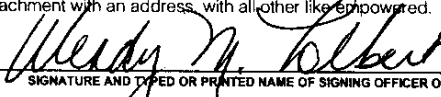
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 10/16/06

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOLBERT, WENDY M 18755 SABAL ST ORLANDO, FL 32833 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100081024011 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/19/06--01033--004 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOLBERT, SIAFA R 18755 SABAL ST ORLANDO, FL 32833 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 10/16/06 DAYTIME PHONE #: 407 568-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR