

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 21 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000022280

1. Corporation Name

Financial Counseling Group, Inc.

2. Principal Office Address - No P.O. Box #

8501 NW 24th CT.

Suite, Apt. #, etc.

3. Mailing Office Address

8362 Pines Blvd.

Suite, Apt. #, etc.

214

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

7. Name and Address of Current Registered Agent

Name

VANESSA Estela

Street Address (P.O. Box Number is Not Acceptable)

8501 NW 24th CT.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Vanessa Estela

REGISTERED AGENT MUST SIGN

Date

JAN 15/09

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 |
|--------|-----------------------------------|--|--------------------------|
| PD | VANESSA Estela | 8501 NW 24th CT. | Pembroke Pines, FL 33024 |
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REINSTATEMENT

RH

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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:

Vanessa Estela / VANESSA Estela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/09 (786) 326-7144
Daytime Phone #