

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000041673

1. Corporation Name

BGA CONSULTING INC.

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

9096 SW 20th STREET

3. Mailing Office Address

9096 SW 20th STREET

Suite, Apt. #, etc.

APT. C

Suite, Apt. #, etc.

APT. C

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33428

Country

FLORIDA

Zip

33428

Country

FLORIDA

**7. Name and Address of Current Registered Agent**

Name

ALLEN E LAURIE

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

9096 SW 20th STREET

Suite, Apt. #, Etc.

APT. C

City

BOCA RATON

State

FL

Zip Code

33428

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 10/01/2009

**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
PVST	ALLEN E. LAURIE	9096 SW 20th STREET	BOCA RATON/FLORIDA/33428
D	ALLEN E. LAURIE	9096 SW 20th STREET	BOCA RATON/FLORIDA/33428

REINSTATEMENT

07-09  
JSS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/2009

Date

954-975-2445

Daytime Phone #

FILED

2009 OCT 13 A 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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