

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000072147

Entity Name: THE MEDIATION GROUP, INC.

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

104 MAGIC WAY
JUPITER, FL 33458 US

Current Mailing Address:

104 MAGIC WAY
JUPITER, FL 33458 US

New Principal Place of Business:

5405 OKEECHOBEE BLVD.
202
WEST PALM BEACH, FL 33417 US

New Mailing Address:

5405 OKEECHOBEE BLVD.
202
WEST PALM BEACH, FL 33417 US

FEI Number: 20-1231013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, THOMAS J
506 PRIVATEER ROAD
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

SCHEINER, HOWARD
204 NE 16TH TERRACE
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: HOWARD SCHEINER

01/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHEINER, HOWARD
Address: 104 MAGIC WAY
City-St-Zip: JUPITER, FL 33458 US

Title: VP (X) Delete
Name: STANFORD, THOMAS J
Address: 506 PRIVATEER ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHEINER, HOWARD
Address: 204 NE 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD SCHEINER

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date