

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000146793 1. Entity Name ADVANCED PROCESSING GROUP INC.				FILED 06 OCT -3 11:48 SEC. TALLAH. 	
Principal Place of Business 5000 SW 75 AVE STE 204C MIAMI, FL 33155		Mailing Address 5000 SW 75 AVE STE 204C MIAMI, FL 33155		REINSTATEMENT 2006 09232006 REIN-P CR2E098 (11/05)	
2. Principal Place of Business 7831 NW 15 Street Suite, Apt. #, etc.		3. Mailing Address 7831 NW 15 Street Suite, Apt. #, etc.			
City & State Pembroke Pines, FL Zip 33024		City & State Pembroke Pines, FL Zip 33024		4. FEI Number 20-3741857 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Lillian Mora Street Address (P.O. Box Number is Not Acceptable) 7831 NW 15 Street City Pembroke Pines, FL Zip Code 33024			
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 Lillian Mora. 9/23/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORA, LILLIAN 5000 SW 75 AVE STE 204C MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. D. Lillian Mora 7831 NW 15 Street Pembroke Pines, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S. D. Myrna C. Colom 7831 NW 15 Street Pembroke Pines, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P., T. D. Valerie A. Martinez 7831 NW 15 Street Pembroke Pines, FL 33024	
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 	
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: Lillian Mora, Pres. 9/23/2006 (954) 986-1603 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					