2009 FOR PROFIT CORPORATION REINSTATEMENT

| • | VEIIIAIN | TI PIAIPIA I | | | _ | | | |
|--|----------------------------------|-------------------------|---------------|--|---|---------------------------------|---|--------------|
| 1. Entity Nam | MENT # P0700003 | 123 | | |) | 09 MAY -6 | LED 5 PM 2: (| 08 |
| Principal Place of Business Mailing Address | | | | | | IALLAUACO | I UF STAT | Έ |
| 9591 FONTA | INEBLEAU BLVD | 9591 FONTAINEBLEAU BLVD | | | | SECRETAR TALLAHASS | EE, FLORII | ŌΑ |
| #510 | | #510 | | | | | | - • • |
| MIAMI, FL 33 | 3172 US | MIAMI, FL 33172 US | | | | | (88. 1)(8) 11 8)8 118 88. 118 | 1861 (1 1261 |
| 2 Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| | S.W. 50th Ct. | 15521 S.W. 50th Ct. | | | | | IBN 1910) lintu (1204 ili | |
| Suite. Apt. #, etc. | | Suite, Apt. #, etc. | | | | INICTATEME | 100 (1/07) | |
| 5511577 1511 | .,, | | | | 04082009 | INGTATEME | AE dae (1101) | 18-09 |
| M City & State | r, Florida | Miramar, Florida | | | 4. FEI Numb | | ├ ── ├ ─ | plied For |
| | | | | | 2 | 0-8164456 | | t Applicable |
| 33027 Country USA | | Zip Country | | • | 5. Certificate | e of Status Desired | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current I | USA | | | 7. Name and Address of New Registered Agent | | | |
| | C. Name and Address of Current | Name | 77 INDING DIA | a ridarioso o, itom tragica | | | | |
| REIS, ALVARO P | | | | | | | | |
| 9591 FONTAINEBLEAU BLVD | | | | Street Address (P.O. Box Number is Not Acceptable) 15521 S.W. 50th Ct. | | | | |
| #510 | | 15521 S.W. 50th Ct. | | | | | | |
| MIAMI, FL 33172 | | | | | 0.50 | | | |
| | | | | MIRAMAR FL Zip Code 33027 | | | | |
| | | | | | | oth, in the State of Florida. L | | |
| 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 | | | | | | | | |
| Adjuster of those of Security chains at Adjusters affact and the adjusters affacts at Adjusters and an adjuster and an adjusters affacts at Adjusters and ad | | | | | | | | |
| FIL | E NOW!!! FEE IS \$900.00 | | | | | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS | L CHANGES TO OFFICERS A | NO DIRECTORS | S IN 11 |
| THTLE | P OFFICERS AND C | | TITLE | | ADDITIONS | TO OTTOERS | ☐ Change | Addition |
| NAME | REIS, ALVARO P | ☐ Delcte | NAME | | | | [] ¢ilalige | |
| STREET ADDRESS 9591 FONTAINEBLEAU BLVD #510 | | | | | 5521 S. | W 50th Ct. | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | | | iramar, | F1. 33027 | | |
| TITLE | VP | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | BOLIVAR, JAQUELINE C | □ Dereie | NAME | | | | | |
| STREET ADDRESS | | | | | 5521 S. | W. 50th Ct. | | |
| CITY-ST-ZIP | I ■ | | | | | Florida 330 | 127 | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | _ bolote | NAME | ŀ | | | | |
| STREET ADDRESS | | | STREE | T ADDREŚS | | | | |
| CITY-ST-ZIP | h | Α. | CITY- | ST-ZIP | | | | Í |
| DILE | 714 | 100 □ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | $\mathcal{N}_{i,j}$ | (O | NAME | | | :0015553: :6/090102101 | 1313 | 1 |
| STREET ADDRESS | r | | STREE | ET ADDRESS | 0570 | 16/09 <u>010</u> 2101 | 2 **158. | . 75/ |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | 04- | 28-08 90347 00 | (158 | 75 |
| TITLE | | ☐ Dolete | TITLE | | | | Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY- | ST · ZIP | | **** | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | | FT ADDRESS | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 REIS, ALVARO P 04/16/2009 | | | | | | | | |

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #

March 19, 2009

FLORIDA DEP. OF STATE DIVISION OF CORPORATIONS P O BOX 8700 TALLAHASSEE, FL. 32314

REF. 2008 CORPORATION ANNUAL REPORT DOC # P07000003123
NEO CONSULTING GROUP, INC.

GENTLEMEN:

While we were trying to pay our 2009-Corporation Annual Report online, we found that the Corporation had been administratively dissolved/revoked/cancelled for timely file the annual report. According to our records the annual report was file and paid on time, April 21, 2008. Attached, please find copy of our records. We issued check #1041, dated 04/21/08 and cancelled by the bank on 05/05/2008. By the way, we never received the Certificate of Status, which we paid for. Please advise if you need copy of the cancelled check.

Please reinstate the Corporation, so we can file online the 2009 Annual Report.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

MEO CONSULTING GROUP, INC.

15521 S.W.\\$0 CT.

MIRAMAR, BROWARD FL. 33027