PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 13 SEP 23 PH 3 14 SECRETARY OF TALLAHASSEE, FLORIDA |

DOCUMENT #   P08000071071

1. Corporation Name

Consulting International Group, Inc.

2. Principal Office Address - No P.O. Box # 4770 Biscayne Blvd.	3. Mailing Office Address 4770 Biscayne Blvd.	
Suite, Apt. #, etc. Suite 1430	Suite, Apt. #, etc. Suite 1430	4. Date Incorporated or Qualified To Do Business in Florida 07/28/2008
City & State Miami, Florida	City & State Miami, Florida	5. FEI Number XX Applied For / Not Applicable
Zip 33137	Country Miami Dade	Zip 33137	Country Miami Dade	6. CERTIFICATE OF STATUS DESIRED	$8.75 Additional Fee required for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name
Serfaty Law, P.A.

Street Address (P.O. Box Number is Not Acceptable)
4770 Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 1430

| City Miami | State FL | Zip Code 33137 |

600251982966
09/23/13--01061--006 **1350.00

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 _Charles Serfaty_
REGISTERED AGENT MUST SIGN

Date 8/8/13

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	Moise Ederhy	12 rue Ahmed Charci Etg5 Apartment 20	Qu Velodrome, Casablanca, Morocco
		REINSTATEMENT	
		9-13	

10. E-mail Address: Bsoriano@Serfatylaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _Magaly Rosa_   Magaly Rosa / DVP   8/8/13   786-484-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #