

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000056721

**FILED**  
**Oct 25, 2013**  
**Secretary of State**

**Entity Name:** MIRAGE GROUP CONSULTANTS INC.

**Current Principal Place of Business:**

10608 PLAINVIEW CIRCLE  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

11093 HARBOUR SPRINGS CIRCLE  
BOCA RATON, FL 33428 US

**Current Mailing Address:**

10608 PLAINVIEW CIRCLE  
BOCA RATON, FL 33498 US

**New Mailing Address:**

11093 HARBOUR SPRINGS CIRCLE  
BOCA RATON, FL 33428 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MENCONI, ALFRED F  
10608 PLAINVIEW CIRCLE  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

MENCONI, ALFRED F  
11093 HARBOUR SPRINGS CIRCLE  
BOCA RATON, FL 33428 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: ALFRED F MENCONI

10/25/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: MENCONI, ALFRED F  
Address: 11093 HARBOUR SPRINGS CIRCLE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP D  
Name: MONPRODE, ROBERT  
Address: 11093 HARBOUR SPRINGS CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

Title: VP D  
Name: GOSS, PHILIP E JR.  
Address: 1172 SOUTH DIXIE HIGHWAY, PMB. 188  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP D  
Name: DAY, BRIAN R  
Address: 26 WESTFIELD ROAD, BLACKWELL  
City-St-Zip: BRISTOL, UK BS48 UK

Title: VP D  
Name: HENLEY, MICHAEL  
Address: 319 SWORDFISH  
City-St-Zip: SURFSIDE BEACH, TX 77541 US

I hereby 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 all other like empowered.

SIGNATURE: ALFRED F MENCONI

PD

10/25/2013

Electronic Signature of Signing Officer or Director

Date