

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39807**

1. Corporation Name
CONSULTANT FINANCE GROUP INC.

Principal Place of Business Mailing Address
**8601 S.W. 40 ST # 341
MIAMI, FL 33155** **INCORRECT INFORMATION**

REINSTATEMENT 93-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 16969 NW 67 Avenue 204 Suite, Apt. #, etc. Miami FL 33015		3. New Mailing Office Address, If Applicable 19850 NW 83rd AVE Suite, Apt. #, etc. Miami FL 33015		4. Date Incorporated or Qualified To Do Business in Florida July 29, 1992	
City & State Miami FL		City & State Miami FL		5. FEI Number 65-0337495	
Zip (33015)		Zip 33015		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Country US		Country US		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Jose Rodriguez	19850 NW 83rd. AVE	Miami, FL 33015
VP D	Marianela Baltodano	19850 NW 83rd. Avenue	Miami, FL 33015
			400002689614--8 11/17/98-01054-016 ***1508.75 ***1508.75

8. Name and Address of Current Registered Agent Elizabeth Rodriguez 3625 SW 25TH STREET' Miami, FL 33134		9. Name and Address of New Registered Agent Name Daniel Poldo Street Address (P.O. Box Number is Not Acceptable) 3808 S.W. 79th Ave Suite, Apt. #, Etc. #65 City Miami State FL Zip Code 33155	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Date **10-13-98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Date **10-13-98** Daytime Phone # **305-640 0257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)