PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| **CORPORATION REINSTATEMENT** | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 MAY 25 PM 2:54 |

**DOCUMENT #** P39807

**1.** Corporation Name

CONSULTANT FINANCE GROUP. INC.

**2.** Principal Office Address

16969 NW 67 AVE

Suite, Apt. #, etc.

Suite # 204

City & State

Miami, FL

| Zip 33015 | Country US |

**3.** Mailing Office Address

16969 NW 67 AVE

Suite, Apt. #, etc.

Suite # 204

City & State

Miami, FL

| Zip 33015 | Country US |

REINSTATEMENT 00-01

**4.** Date Incorporated or Qualified To Do Business in Florida  7/28/92

**5.** FEI Number  65 0773495  | Applied For | Not Applicable |

**6.** CERTIFICATE OF STATUS DESIRED [X]  $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name

Marianela Navarrete

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

16969 NW 67 Avenue

Suite, Apt. #, Etc.

Suite # 207

City

Miami, FL

| State FL | Zip Code 33015 |

10000442589  -06/18/01--01158--020  ****908.75   ****908.75

CR2E081 (9/00)

**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  _Maria Nela Navarrete_  Date  5/25/01

REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| P. | Javier Navarrete | 16969 NW 67 Av. 204 MIAMI FL. 33015 | Miami, FL 33015 |
| V.P. | Marianela Navarrete | 16969 NW 67 Ave. 204 Miami, FL 33015 | Miami, FL 33015 |
| V.P. | Jose Rodriguez | 16969 NW 67 Ave Suite # 204 | Miami, FL 33015 |
| V.P. | Nelson Hernandez | 16969 NW 67 Ave Suite # 207 | Miami FL 33015 |
| | | | |
| | | | |

**10.** 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)(i), 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:  _Maria Nela Navarrete_  5/25/01  (305) 821-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  Date  |  Daytime Phone #