

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -8 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000035344

1. Corporation Name

D.A.R. CONSULTING GROUP, INC.

**REINSTATEMENT 95-04**

100026469241  
01/08/04--01013--013 \*\*1665.00

2. Principal Office Address

10295 COLLINS AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

APT. 319

Suite, Apt. #, etc.

City & State

BAL HARBOUR, FLORIDA

City & State

Zip

33154

Country

DADE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1993

5. FEI Number

65-0415811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH J STRAUSS

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

515 EAST LAS OLAS BOULEVARD, 15TH FLOOR

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33301-2281

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

Date

12/22/03

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	DAVID A ROSS	10295 COLLINS AVE, APT 319	BAL HARBOUR, FLORIDA 33154

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-04

Daytime Phone #

CR2E081 (10/02)



200 South Biscayne Boulevard  
Sixth Floor  
Miami, Florida 33131-5310  
Telephone: 305-379-7000  
Toll Free: 800-999-1CPA (1272)  
Fax: 305-379-8200

December 22, 2003

*Please direct mail to Ft. Lauderdale office:*  
515 East Las Olas Boulevard  
Fifteenth Floor  
Fort Lauderdale, Florida 33301-  
2281  
Telephone: 954-712-7000  
Toll Free: 800-999-1CPA (1272)  
Fax: 954-712-7070

*www.bdpb.com*

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: DAR Consulting Group, Inc.  
EIN: 65-0415811  
FORM: Corporation Reinstatement

Dear Sir or Madam:

Enclosed please find our filing for Florida Corporation Reinstatement. We are filing due to an administrative dissolution of our corporation on August 25, 1995, caused by a failure to file an annual report for 1994. This annual report for 1994 was not filed due to our moving our offices and not receiving the annual report for the year in question.

We are therefore requesting a waiver of the reinstatement fee of \$600. After speaking with a department of state representative, enclosed please find our check in the amount of \$1,665 in order to get us reinstated and current. Thank you in advance for your cooperation in resolving this matter.

Very truly yours,

Craig Friedman, CPA  
For the Firm

CF/llb

Enclosures

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