PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

$ 1245

FILED
97 MAY -1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065474 1994 - 1997

1. Corporation Name

NEW GENERATION CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2250 NW 171ST ST., STE #4 NMB, Florida 33162	2250 NW 171ST. ST., STE #4 NMB, FLORIDA 33162

S1 5/1
500002167925--8
-05/06/97--01096--032
***1288.75 ***1245.00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7010 NW 186TH STREET	7010 NW 186TH STREET
Suite, Apt. #, etc. SUITE 505	Suite, Apt. #, etc. SUITE 505
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33015 Country USA	Zip 33015 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/15/93

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Michael A. Nelson	7010 NW 186th Street	Miami, Florida 33015
VP	Michael A. Nelson	7010 NW 186th Street	Miami, Florida 33015
T	Michael A. Nelson	7010 NW 186th Street	Miami, Florida 33015
S	Michael A. Nelson	7010 NW 186th Street	Miami, Florida 33015

8. Name and Address of Current Registered Agent

MANSFIELD WILLIAMS
2250 NE 171ST. ST., SUITE #4
NMB, FLORIDA 33162

9. Name and Address of New Registered Agent

Name: Michael A. Nelson
Street Address (P.O. Box Number is Not Acceptable): 7010 NW 186TH STREET
Suite, Apt. #, Etc.: SUITE 505
City: Miami State: FL Zip Code: 33015

CR2E040 (12/96)

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: Michael A. Nelson Date: 4/30/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: Michael A. Nelson 4/30/97 305-828-7362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #