2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000048738

FILED Sep 26, 2006 Secretary of State

Entity Nam	ne: LAUDERI	DALE CONSULTING, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
2805 EAST OAKLAND PARK BLVD. PMB 110							
FT. LAUDE	RDALE, FL 3	3306					
Current Mailing Address:				New Mailing Address:			
2805 EAST OAKLAND PARK BLVD. PMB 110							
FT. LAUDE	RDALE, FL 3	3306					
FEI Number:	91-1779213	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2805 EAST	RO CORPORA OAKLAND PA RDALE, FL 3	ARK BLVD., PMB 110					
The above in the State		ubmits this statement for the	purpose o	of changing i	ts registered of	ffice or registered agent, or both,	
SIGNATUR	E: MICHAEL	SCILLIA					
Electronic Signature of Registered Agent				Date			
		s(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCILLIA, MICHA 2805 E OAKLAN	Delete .EL V ID PARK BLVD., PMB 110 DALE, FL 33306		Title: Name: Address: City-St-Zip:	SCILLIA, MICHA 2805 E OAKLAN	Change()Addition AEL V ND PARK BLVD., PMB 110 DALE, FL 33306	
Title: Name: Address: City-St-Zip:	APPELBLATT, C	N RIVER DR, STE. #112		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SCILLIA, ANGE	ID PARK BLVD, PMB 110		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SCILLIA T 09/26/2006